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ABSTRACT

Brokering Rural AGE was a 17-month collaborative project for the development of gerontological curricula, involving four university-based gerontology centers and 17 community colleges in Iowa, Kansas, Missouri, and Nebraska. Its purpose was to enhance the gerontological curricula of community colleges serving rural areas by means of a model consisting of four components: curriculum development, a team approach and inter-institutional networking, faculty development through conferences and consultants, and resource targeting. The project was based on the premise that rural areas of the Midwest were rapidly undergoing population aging, but lacked the numbers and concentration of gerontological specialists and services of urban areas. Each of the participating community colleges formed a team of faculty and administrators who provided the key link between the university gerontological centers and their colleges. The first major project outcome was the development or upgrading of introductory gerontology courses at all 17 community colleges. The courses were offered a total of 25 times to 275 students during the project. In addition, 11 of the colleges developed and offered 17 additional academic gerontology courses, 15 non-credit continuing education workshops in gerontology were offered, and four colleges developed associate of arts degrees in gerontology and/or nursing home administration. The university centers shared resources with the community colleges, including syllabi, books, videotapes, research reports, and needs assessments. All community colleges reported professional development activities in which at least one team member participated during the project. The project report includes a discussion and evaluation of outcomes, information on conferences, and a final report survey form. (ECC)

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ED 364 275

Brokering Rural AGE: Transferring the model of gerontological curriculum development in rural community colleges throughout Region VII

AoA Grant #90AT0190/01

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June 30, 1988

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Brokering Rural AGE: Transferring the model of gerontological curriculum development in rural community colleges throughout Region VII

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EXECUTIVE SUMMARY

Brokering Rural AGE: Transferring the model of gerontological curriculum development in rural community colleges throughout Region VII

Brokering Rural AGE was a 17-month grant funded by the Administration on Aging (AoA) as a collaborative gerontological curriculum development project between university-based gerontology centers and 17 community colleges located in the four states comprising Federal Region VII — Iowa, Kansas, Missouri, and Nebraska. Its purpose was to enhance the gerontological curricula of community colleges serving rural areas by means of a model for transferring gerontological expertise. The model, which had been developed and tested in Kansas, consisted of four components: (1) curriculum development (technical assistance on gerontological course design and implementation and resource provision); (2) a team approach and inter-institutional networking; (3) faculty development through gerontological conferences and consultants; and, (4) resource targeting (seed monies for curriculum and faculty support). The project allowed us to test further the approach in other states, while accomplishing measurable progress on substantive issues of gerontological curriculum development in community colleges.

Brokering Rural AGE was one of several complementary projects designed to facilitate the development of indigenous gerontological expertise in rural institutions of higher education. Through previous projects funded by The Fund for the Improvement of Postsecondary Education (FIPSE) and AoA, we had verified the following premises on which this project was based:

* Rural areas of the mid-west and the nation are rapidly undergoing population aging.

* Rural areas do not have the numbers and concentration of gerontological specialists and services typically available in urban settings.

* Rural areas are unlikely to receive a large influx of trained gerontologists from other areas or a massive reallocation of resources to meet their needs. Consequently, they must look to educational institutions in their own environments to meet educational and training needs.

* Community colleges often represent the primary presence of higher education in rural areas.

* Much of the concentration of gerontological expertise and resources is located in universities.

* Universities do not necessarily respond effectively to the full range of gerontological educational and training requirements of rural areas.

* Demographic, economic, and service orientation issues are compelling community colleges to respond to their older rural clienteles;

* It is both feasible and cost-effective to transfer educational training capacities and resources from universities to community colleges by upgrading the skills of indigenous educators and supporting curriculum development.

Brokering Rural AGE had five objectives:

1. To broker gerontological expertise by strengthening curricula and faculty development in gerontology in underserved rural areas of the four state region.

2. To transfer gerontological resources and expertise from where they are currently concentrated in universities to rural areas in need.

3. To enhance articulation and respect between established university gerontology and community colleges developing programs in gerontology.

4. To establish greater interaction and exchange among community colleges within each of the four-states regarding gerontological curriculum development.

5. To build upon and strengthen the existing working relationships among universities, community colleges, and aging network programs in the four-state region.

APPROACH AND RESULTS

Participants:

This 17-month project was designed to recreate in a four-state region the model of gerontological expertise transfer which we had developed with the Western Kansas Community Services Consortium (WKCSC) — seven western Kansas community colleges — under the FIPSE-funded Rural AGE project. The four states chosen for Brokering Rural AGE were those composing Federal Region VII: Iowa, Kansas, Missouri, and Nebraska.

Participants, actions and activities undertaken for Brokering Rural AGE followed the process outlined in Developing Gerontological Curricula: A Process for Success, one of the major products of the Rural AGE project.

For each of the four states, a university gerontology center served as liaison to its respective community colleges: for Kansas, the Director and Assistant Director of the Kansas State University Center for Aging in Manhattan who also served as project staff; for Iowa, the coordinator of the Iowa State University Gerontology Program at Ames; for Missouri, the Missouri Gerontology Institute representative of the University of Missouri - Rolla; and for Nebraska, the Director of the University of Nebraska Gerontology Program at Omaha.

Each university liaison invited rural community colleges in their states to participate in the project, and 17 colleges accepted: in Iowa, Indian Hills Community College in Ottumwa, Iowa Lakes Community College in Estherville, Iowa Valley Community College in Marshalltown, and Southwestern Community College in Creston; in Kansas, Coffeyville Community College, Cowley County Community College in Arkansas City, Fort Scott

Community College, and Independence Community College; in Missouri, Mineral Area Community College in Flat River, Moberly Area Junior College, State Fair Community College in Sedalia, Three Rivers Community College in Poplar Bluff, and Trenton Junior College; in Nebraska, Central Technical Community College in Hastings, Nebraska Indian Community College in Winnebago, Nebraska Western College in Scottsbluff, and Northeast Technical Community College in Norfolk.

Additional key participants included consultants from WKCSC who pilot tested the model in earlier projects, Dr. Hans O. Mauksch who facilitated an inter-institutional relationships orientation for the university liaisons, and our AoA project officer, Bruce Craig, whose critiques of our quarterly reports and accessibility throughout the project provided us with a broader view of our accomplishments and opportunities than we could have had otherwise.

Activities:

Major activities included community college team development, two conferences, course and curriculum development, materials acquisition, and faculty development.

1. Teams:

Every college formed a Team, with membership ranging from 2 to 13. All Teams had faculty representatives, fourteen included deans or other administrators, and eleven included community members. These Teams were crucial to the project's success, since they provided the key link between the project staff at each of the university gerontology centers and the programs, faculty, and administration at the colleges. They facilitated the process of curriculum development through their collective knowledge of learner needs, manpower implications, faculty capability, and dissemination strategies.

2. Conferences:

The launching conference was held on December 4-5 in St. Joseph, Missouri, a site relatively central to the four state gerontology centers and the 17 community colleges Representatives from all gerontology centers attended, as well as full or partial Teams from 15 of the 17 community colleges. A total of 46 individuals attended the conference, including five consultants from WKCSC. The purposes of the conference were to (1) develop and enhance mutual understanding among university and community college faculty and staff; (2) give participants a clear understanding of the model of transfer on which the project was based; (3) foster mutual interests among participants; (4) form state groupings of participants who would develop action plans and timelines for implementing promised project activities in their states; and (5) expose community college participants to a variety of basic and multidisciplinary gerontological concepts, content, and resources.

On the day before the launching conference, December 3, we held a formal orientation for the staff and faculty of the participating gerontology centers from Missouri, Nebraska, and Iowa, with the assistance of Dr. Mauksch. The purposes of the orientation were to insure that the

university gerontology center participants (1) understood the parameters of the model for transferring gerontological expertise to rural community colleges, (2) were willing to provide the leadership for implementing the model in their states; (3) appreciated the differences and similarities among and between universities and community colleges; and (4) were clear about their roles in implementing the project.

The project's mid-year conference was held on April 21 in Omaha, Nebraska, immediately prior to the annual conference of the Mid-America Congress on Aging (MACA). The agenda was based on a participant survey of issues, information, and activities most pertinent to them at this point in the project. A total of 32 participants attended, including representatives from all four university gerontology centers, and 11 of the 17 community colleges. The majority of participants remained in Omaha to attend the MACA meeting, thus meeting one of the project objectives of faculty development for community college faculty.

3. Course and Curriculum Development:

The first major product of the project was to have every community college develop and offer an Introduction to Gerontology course or other basic gerontology course if one were already offered. Supportive activities by each university liaison included sharing our own introductory gerontology course syllabi and those developed by each college during the project, making recommendations for textbook possibilities, and previewing audiovisual resources.

Through the grant, 15 community colleges in Iowa, Kansas, Missouri, and Nebraska developed new introductory gerontology courses. One of the colleges had an introductory gerontology course when the project began, two upgraded an existing gerontology course, and by the end of the project all of the 17 community colleges had an introductory gerontology course syllabus. Fifteen of the colleges offered the course at least once. The two which didn't offer the course during the project period have it scheduled for the fall of 1988, and these two colleges offered at least one other credit gerontology course during the project.

For the 25 times that the 15 colleges offered their introductory courses, 275 learners enrolled. Four of the offerings did not have enough enrollment to make the course go, but two of the three colleges for which low enrollment required cancellation successfully offered the introductory course one other time. The college which had two cancellations of its introductory course successfully offered another course in gerontology which was developed through the grant. The introductory courses had an enrollment range of 5 to 27 with an average of 11 students.

Eleven of the community colleges developed and offered 17 additional academic gerontology courses during the project, with over 300 learners enrolling. Most of these courses have been offered just once, but at least one has been offered twice. Ten more courses by five colleges have been developed but not yet offered, and four colleges integrated gerontological content into existing courses or curricula. Three of the colleges reported no additional academic gerontological activity beyond the introductory course.

Six of the colleges had a pre-existing gerontology course; two modified their course to become the introductory gerontology course; the others continued to offer their pre-existing courses while developing new ones for the project.

Fifteen non-credit continuing education workshops in gerontology were offered during the grant period by four colleges (one college developed ten different topics). Six colleges offered a total of nine programs for senior citizens either on campus or at senior citizen centers, housing projects, or other off-campus locations. Enrollment reports are available only for three of the colleges' senior citizens programs, and 320 participants were reported.

Three of the Missouri community colleges participated in a summer seminar series offered by the Missouri Geriatric Education Center in 1987. This program served to educate professionals in the community as well as provide faculty development for the college Team members and other faculty interested in gerontology.

Four colleges developed Associate of Arts degrees in gerontology and/or nursing home administration.

At least 33 faculty of the 17 community colleges taught academic (credit) and continuing education (non-credit) courses in gerontology during the project period. This figure does not include faculty who taught avocational programs for older adults.

4. Materials Acquisition:

The fact that we brokered the project among university gerontology centers in the four states enhanced resource sharing. Each gerontology center shared resources with its state's community colleges in various ways. Iowa held a day-long resource fair. Each Iowa community college received copies of the gerontological education modules from the Western Kansas Community Services Consortium and gerontology syllabi from ISU. Kansas colleges received the KSU audiovisual catalog of videotapes, topical bibliographies and recent research reports, and copies of needs assessments conducted by other colleges. Missouri held a two-day conference and acquainted Team members from all five colleges with faculty in the Missouri Gerontology Institute. A post-Governor's Conference meeting served as a wrap-up for Missouri teams. All Nebraska Teams received copies of audiovisual materials available at the University of Nebraska - Omaha, sample textbooks, and numerous articles and reprints. In addition, each university liaison responded to special resource requests from individuals team members throughout the course of the project. These requests occasionally crossed state lines. Community colleges also made requests of each other, as indicated by the reports from all 17 colleges that they consulted with colleagues at another college, including drawing upon consultants from the seven western Kansas community colleges in the original Rural AGE project.

At the launching conference, each university (and some community colleges) brought resources to share —books, videotapes, pamphlets, handouts, monographs, etc. All colleges received a copy of the guide Developing Gerontological Curricula: A Process for Success upon which this project's

model is based. Several of the colleges have compiled complete listings of gerontological holdings in their school libraries.

Familiarity with personnel in the aging network increased through this project, and 15 of the 17 colleges reported increased contacts in their service areas. Eleven colleges included aging network representatives on their Teams, a few hired community representatives as gerontology course instructors, and several drew on the expertise of service providers and other community professionals as guest lecturers in their introductory gerontology course.

5. Faculty Development:

All colleges reported professional development activities in which one or more Team members participated during the project. The number of such activities ranged from one to six, and the number of unduplicated faculty participating ranged from one to eight. Reported activities included: Mid America Congress on Aging annual meetings (with which the Brokering Rural AGE project held a pre-conference meeting); Missouri Geriatric Education Center summer seminar series; Governor's Conferences on Aging in Missouri and Kansas; Missouri Gerontology Institute Conference; conferences of the Western Kansas Community Services Consortium on marketing to older consumers, teaching older adults, and political advocacy; the wrap-up conference of our AoA-funded project RURAL Gerontology; National Gerontological Nursing Conference; Iowa State University's Resource Fair; and a variety of local workshops and seminars on health, wellness, nutrition, and mental health issues.

The participation of four of the Missouri colleges with the Missouri Geriatric Education Center (MGEC) summer seminars expanded faculty development in gerontology past Team members into the college and wider community.

Project Continuity:

The success of a project often can be judged by its persistence after grant funding ends.

The participating colleges have demonstrated institutional commitment to gerontological courses and curricula in several ways. At least eight colleges are committed to listing their courses in their catalogs. Two colleges joined the Association for Gerontology in Higher Education. One college developed a Center for Aging in conjunction with the Cooperative Extension Service and appointed the Team leader half-time in gerontology. Two Kansas colleges are participating on another AoA-funded project with the Western Kansas Community Services Consortium to educate elected officials about aging. College commitment to gerontology is also demonstrated by the expenditure of college funds for curriculum development. The multi-tiered administration of the project prevented us from obtaining systematic data about local match, but we know from our work with the Kansas colleges, both in this project and in the previous one with WKCSC colleges, that institutional match for library materials, office supplies, telephone, photocopying, postage, new course development, and Team member time commitments is substantial in this kind of project.

Three colleges have obtained articulation agreements with at least one university or four-year college for their introductory course, and one has obtained articulation for another gerontology course. Five colleges' requests for articulation are pending and three plan to request articulation soon. Of the five which have not requested articulation, one is due to the course being offered for non-credit through continuing education; three reported that the students in the courses will probably not transfer to a four-year college; and one team leader thought that the process occurred automatically.

EVALUATION

We obtained input about project activities and progress in five ways: (1) formal evaluations of the two project conferences; (2) quarterly progress report requests; (3) "vignettes;" (4) final report survey; and (5) miscellaneous written and telephone communications (including site visit summaries).

1. Conference Evaluations:

The first evaluation activity for the project was that for the launching conference. Twenty-eight evaluation forms were completed, with respondents including community college team members, university gerontology center faculty and community college liaisons, and conference consultants. Evaluations of specific sessions showed overwhelming support of Hans Mauksch, the major consultant to the conference. Likewise, the participation of the five consultants from the Western Kansas Community Services Consortium was highly rated, particularly regarding their roles at state team meetings on Friday morning. The State Planning meetings themselves were unanimously rated effective or higher, as was the Resource Fair.

Twenty participants completed the evaluation for the Pre-MACA Conference. Three of the five conference objectives received high ratings, and only one objective was rated low — sharing plans "to develop and implement second gerontology course." Comments indicated the diversity of our participants, with a few feeling that the content was too basic for their needs, while others volunteering that it was highly beneficial and educational.

2. Quarterly Progress Reports:

We requested each college send us quarterly progress reports on a form developed by the project evaluator. Return rates declined as the project progressed, so we used follow-up correspondence and telephone calls to encourage returns. Eventually, we resorted to sending copies of the previous quarterly report's data table with the request that any changes be reported to us for the next report.

3. Vignettes:

Toward the end of the project, we sent an open-ended questionnaire to each team leader asking for a brief description of the team's participation in the project, addressing "where were you regarding gerontology before the project began; what has happened for you during the project; and where do you expect to be in the future regarding gerontology?" The project

evaluator's analysis of the fourteen responses resulted in five themes: professional and collegial development; provision of enriched resources; expanded services and educational opportunities; increased visibility and acceptance; and improved planning through needs assessment.

4. Final Report Survey:

A final report survey was designed to supplement information we had received from the quarterly reports. Through mail and telephone interview we received these surveys from all colleges and universities.

5. Other Evaluations Procedures:

Written, telephone, and in-person communication, including site visits, provided additional data regarding progress on the project.

IMPLICATIONS AND IMPACT

The challenge in Brokering Rural AGE was to replicate a model which we knew works well within one state, among members of a pre-existing consortium of community colleges and one university gerontology center, and over a three-year time period. Our attempt to accomplish the same results in less than half the time, across four state boundaries, and with two and a half times the number of community colleges without pre-existing relationships showed us the constraints of the one-state model. Brokering Rural AGE empowered three other university gerontology centers to replicate the Rural AGE model in each of their states, and the inter-institutional and multi-level interactions of Brokering Rural AGE participants were highly complex.

We view Brokering Rural AGE as a part of larger plan. We have demonstrated that it is possible to upgrade and strengthen community college gerontological curricula by means of our approach and have presented data which shows how that such efforts lead to a larger impact on students who take community college courses. However, a more effective test of the power of our approach will be to systematically target "student" groups who are trained by community colleges and apply our model of education and training to gauge its impact on such groups.

Brokering Rural Age was directed toward the very real need for gerontological expertise and capacity building in rural areas. In a general sense we believe we accomplished the objectives of the project and demonstrated the essential efficacy of our model and approach as a response to the problem. This thrust was in response to conditions existing in the four states, but it was also guided by the understanding that states and areas similar to the four who participated in the project could benefit from our experience. In principle, at least, there is no substantive reason why urban areas could not benefit by cooperative exchanges between their community colleges and universities. If the results of the Andrus/AGHE study are valid then we will continue to see further expansion of gerontological programs and offerings both at universities and community colleges. One can envision at least two scenarios in this regard. First, and this is clearly plausible, community colleges and universities will compete with one another for students and programs, engage in turf battles and boundary maintenance, and create unnecessary program duplication which

is costly to the institutions, students, the state, and older people. A second scenario, which is also plausible, would encourage and appropriately induce the sorts of collegial exchanges we encountered in Brokering Rural Age and thereby make possible cost and program effective approaches.

The problems of logistics and program delivery were normal for a project of this complexity and the basic premises and approach were sound. There were several interrelated problematic issues which have implications not only for this project but potentially for others that may emulate it. The lack of a pre-existing consortium or inter-relationship among participating community colleges created additional barriers for this project which we had not had in the ones developing the model. As a result, we had to spend more time on project administration than we anticipated, and less time on program issues than we desired.

Earlier work in Kansas had indicated that community colleges are diverse in their program emphases, organizational structures, and perceived college missions. In Brokering Rural Age we confronted such diversity not only among colleges but between states in terms of their higher education infrastructures. Future replications of the model must plan to incorporate such diversity and variation as a strength and not an impediment to program implementation.

Finally, we learned through Brokering Rural Age that 17 months is simply not a long enough period to implement a project of such complexity. To be sure, we have documented the successful achievement of project objectives and believe that the outcomes generated fully justify the investment of AoA funds. Our experience now indicates that an optimal time frame for such a project is minimally three years, if full project completion and documentation of results is to occur.

The significance of the results of Brokering Rural AGE transcends their implication for the four states and their educational and training programs in gerontology. Minimally, the model is applicable to other rural regions of the state; in principle, there is no substantive reason why urban areas could not also benefit by cooperative exchanges between their community colleges and universities.

We expect the project outcomes to be sustained after grant funds end, since the community colleges realize the need to serve their constituencies. What the project accomplished was to provide the needed impetus and comparatively small investment of resources to insure an increase in the quality and academic integrity for the programs.

The ultimate beneficiaries of Brokering Rural AGE are the older citizens of the states and the programs that serve them. Project outcomes suggest that the benefits realized in the colleges through curriculum improvement and strengthened faculty expertise are being translated into new opportunities not only for their learner groups, but also older people residing in the 66 rural counties which the colleges serve.

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ATTACHMENTS

1. Developing Gerontological Curricula: A Process for Success (unbound and enclosed separately) 44 pages
2. Participant responsibilities
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4. Launching conference orientation agenda, conference agenda, "Opinionaires," and evaluation
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A. INTRODUCTION

Brokering Rural AGE was a 17-month grant funded by the Administration on Aging (AoA) as a collaborative gerontological curriculum development project between university-based gerontology centers and 17 community colleges located in the four states comprising Federal Region VII — Iowa, Kansas, Missouri, and Nebraska. Its purpose was to enhance the gerontological curricula of community colleges serving rural areas by means of a model for transferring gerontological expertise. The model, which had been developed and tested in Kansas, consisted of four components: (1) curriculum development (technical assistance on gerontological course design and implementation and resource provision); (2) a team approach and inter-institutional networking; (3) faculty development through gerontological conferences and consultants; and, (4) resource targeting (seed monies for curriculum and faculty support). The project allowed us to test further the approach in other states, while accomplishing measurable progress on substantive issues of gerontological curriculum development in community colleges.

1. Background:

Brokering Rural AGE was one of several complementary projects designed to facilitate the development of indigenous gerontological expertise in rural institutions of higher education. Through previous projects funded by The Fund for the Improvement of Postsecondary Education (FIPSE) and AoA, we had worked with seven rural community colleges in Kansas to develop their credit and non-credit course offerings in gerontology. A subsequent AoA-funded faculty development grant allowed us to provide graduate level coursework to faculty at the same seven community colleges. Through these projects we achieved several substantive outcomes which laid the foundation for Brokering Rural AGE:

1. Each college had developed and offered credit and non-credit gerontology courses.

2. Each college had increased its respective gerontological resource materials.

3. Community colleges' faculty interest and expertise in gerontology increased substantially, and the faculty had become involved in professional gerontological associations such as the Association for Gerontology in Higher Education (AGHE), the American Society on Aging (ASA), and the Mid-America Congress on Aging (MACA).

4. The colleges had formalized and institutionalized their gerontological curricula;

5. The colleges established or strengthened ties with representatives of the aging network in their service areas.

Our experience with the colleges in Kansas reinforced our strong belief in the need to transfer gerontological expertise to community colleges where a demand for relevant gerontological curricula exists from university gerontology centers where gerontological resources and expertise are typically concentrated. While it is not feasible to speak of a massive reallocation of resources and gerontological specialists to such areas, it is both feasible

and cost effective to implement a mechanism for transferring training capacities and resources by upgrading indigenous programs. Brokering Rural AGE provided an excellent opportunity to test these ideas in states similar to Kansas in their demographics, higher educational infrastructure, economic base, and the needs of their older population.

2. Need, Rationale, and Setting:

Iowa, Kansas, Missouri, and Nebraska are states experiencing the full impact of population aging which will be a nationwide phenomena by the year 2000. Each has a 65+ population of 13% or over and are among the top ten states with percentages of population 65+ years. They are similarly ranked with regard to proportions of the population 85+; thus, they are also in the vanguard of the aging of the aged population. These are predominantly rural states in which 50% or more of the elderly population reside in non-urban counties. They are among the nation's leaders in numbers of non-urban counties having 15% or greater elderly population.

Older people living in small towns and rural areas experience the aging process with the same range and diversity of individual differences and needs that urban elders have. It is the rural context which sets apart these aging people from their urban counterparts. Geographic isolation creates psychological and social barriers not present in urban areas. Rural areas do not have the numbers and concentration of gerontological specialists and services for older people typically available in urban settings. Specialists are more difficult to attract, they are often less accessible because of geographic distance, and the roles they play must be more diverse. For the reasons just offered, rural areas can be legitimately conceived as "undermanned" and "underserved." Given these consideration, the most feasible means of responding to the manifold issues of aging in rural settings is to upgrade and strengthen resources already available there.

Community colleges are a key component of the system of higher education in the nation. They have special significance in underserved states such as those involved in Brokering Rural AGE. To a large extent, they constitute higher education in their locales. For example, the 17 community colleges collaborating in the project collectively serve 66 counties in the four states, with a total older population exceeding 200,000 (ranging from 10.4% to 26.4% of the total population in each county). Their combined student body in a given year is minimally 20,000 learners. In addition to traditional age day students and older learners, the student clientele includes the range of professionals, paraprofessionals, and community members whose involvement with the elderly is crucial in rural areas.

That community colleges are becoming an increasingly important component of higher education's response to gerontological eduction and training needs is supported by data from the recently completed Andrus Center/AGHE study of gerontological curricula in American universities and colleges (Peterson, Douglas, Bolton, Connelly, & Bergson, 1987). Several findings emerging from this study are relevant here, since they provide a larger context for evaluating the relative significance of the Brokering Rural AGE project. First, although the initial growth of gerontology as a field was enhanced by Federal government policies and funding (particularly AoA) which favored university programs and especially emphasized graduate-level training (Craig, 1981), these grants have not been the primary force in developing

gerontological instruction (Peterson, 1987). Rather, the demographic imperative, increased faculty and student interest in the area, the growth of gerontological literature, and a broadening of support bases -- (including institutional and foundation funding) have played crucial roles in the introduction of gerontological curricula. Second, community colleges, although they have been slower to develop gerontology instruction, are increasingly entering the field, and this growth will continue as awareness of gerontology and increased numbers of faculty with gerontological expertise become more common (Peterson, 1987; Peterson and Craig, 1987). Third, with AoA funding and encouragement, there is an indication of a willingness for university gerontology programs to assist community college faculty and administrators in the development of instructional programs (Peterson and Craig, 1987).

From our earlier work, we knew that community colleges were experiencing increased demand for gerontological course work. We were aware that they would respond to such demands. We were concerned that the courses and curricula they offered be of the highest possible quality. Brokering Rural AGE was an attempt to respond to these issues in the four state region.

We, and our three university gerontology center counterparts in Iowa, Missouri, and Nebraska, selected 17 rural community colleges in our states to participate with us in the project. We anticipated that 400 direct learners would be served. (This figure included over 50 faculty, administrators, and aging network personnel who would be involved in the community college curriculum development teams and training activities, and an estimated 12-15 students taking each of the initial courses developed through the project). The potential pool of learners who would benefit could be considerably larger, since the project was designed to be self-sustaining by institutionalizing the courses. We viewed as an additional benefit the creation of community college/university partnerships in the areas of curriculum and faculty development.

3. Objectives: Brokering Rural AGE had five objectives:

1. To broker gerontological expertise by strengthening curricula and faculty development in gerontology in underserved rural areas of the four state region. We worked with and through established university gerontology centers in the four-state region to assist rural community colleges to develop their capacity to provide relevant and appropriate gerontology curricula. The foundation for such offerings would be a well-designed multidisciplinary introduction to gerontology course. Beyond the introductory course, we sought the development of at least one additional course and the institutionalization of courses developed.

2. To transfer gerontological resources and expertise from where they are currently concentrated in universities to rural areas in need. Training programs in gerontology in the four-state region were primarily housed in universities in non-rural areas. By transmitting the capacity to deliver needed training, we enhanced the effectiveness of the community colleges' response to their clientele and particularly to the training and educational needs of people responsible for aging network services and programs in underserved rural areas of the region.

3. To enhance articulation and respect between established university gerontology and community colleges developing programs in gerontology. The vigor and quality of courses offered at community colleges are often questioned by university faculty as they consider transfer of credit or articulation of such courses to the university. We involved university gerontologists working collegially with community college faculty to develop courses and curricula which would respond effectively to such concerns. Our past and ongoing work with community college faculty in Kansas demonstrated that, by working together around curriculum and faculty development issues, a sense of trust and mutual respect is generated that can lead to additional joint efforts.

4. To establish greater interaction and exchange among community colleges within each of the four-states regarding gerontological curriculum development. Community colleges have a great deal of expertise to offer one another. One of the serendipitous outcomes of the Kansas projects was a greater level of communication, exchange and sharing among community colleges regarding curriculum and faculty development. Such enhanced exchange is crucial to sustaining project activities once external funding ceases.

5. To build upon and strengthen the existing working relationships among universities, community colleges, and aging network programs in the four-state region. We envisioned that aging network representatives would be involved in building the model of curriculum development by serving as members of community college curriculum development teams, guest lecturing in gerontology courses, assisting with community needs assessments, and organizing workshops and conferences.

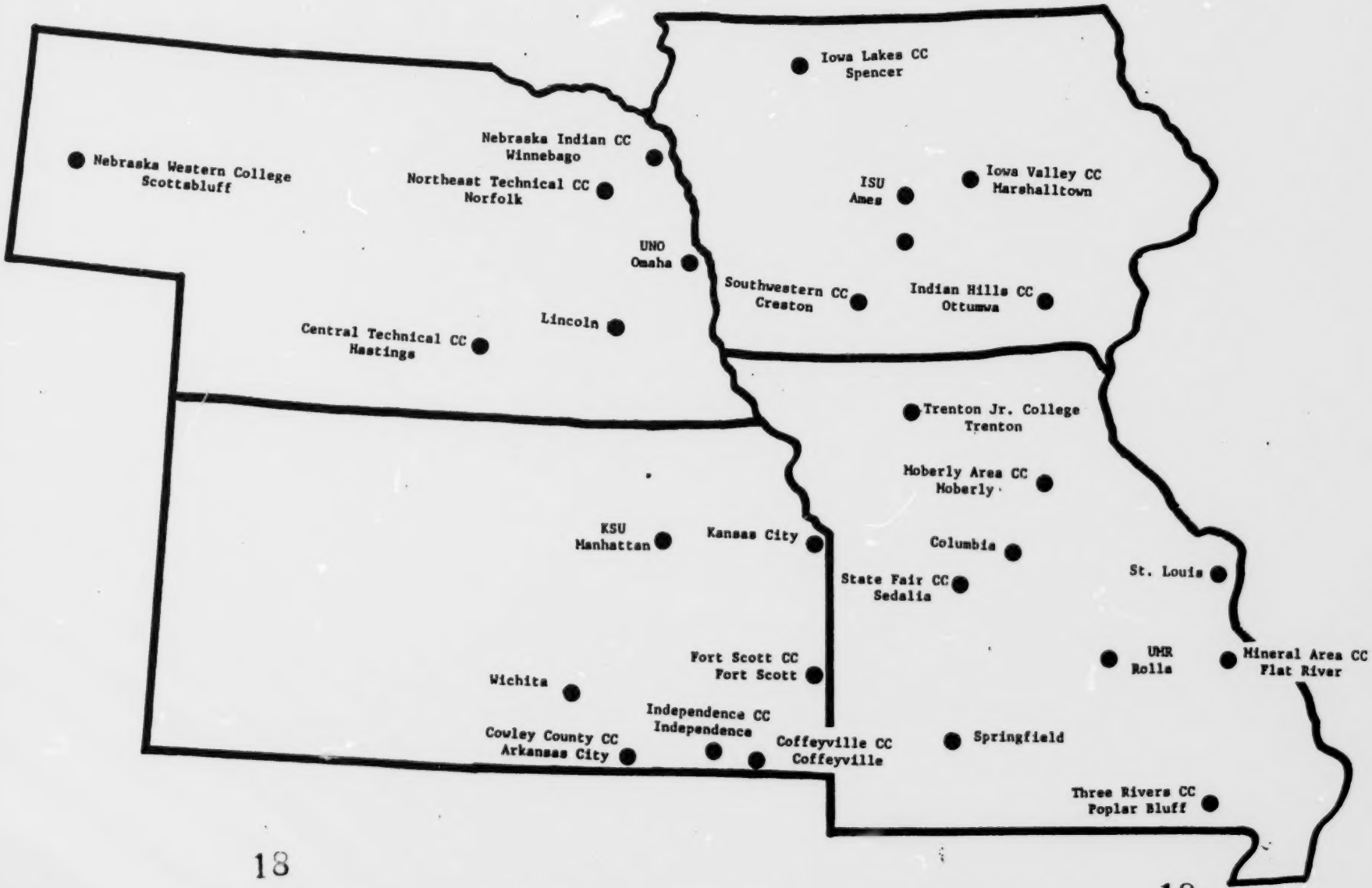
B. APPROACH

This 17-month project was designed to recreate in a four-state region the model of gerontological expertise transfer which we had developed with the Western Kansas Community Services Consortium (WKCSC) — seven western Kansas community colleges -- under the FIPSE-funded Rural AGE project. The four states chosen for Brokering Rural AGE were those composing Federal Region VII: Iowa, Kansas, Missouri, and Nebraska.

Participants, actions and activities undertaken for Brokering Rural AGE followed the process outlined in Developing Gerontological Curricula: A Process for Success, one of the major products of the Rural AGE project, and a copy of which is enclosed as Attachment 1.

1. Participants:

To expand the gerontological curriculum development model from a one- to four-state region, we invited our university gerontology center counterparts in Iowa, Missouri, and Nebraska to be liaisons with community colleges in each of their states. University liaisons for the project were: for Kansas, the Director and Assistant Director of the Kansas State University Center for Aging in Manhattan who also served as project staff; for Iowa, the coordinator of the Iowa State University Gerontology Program at Ames; for Missouri, the Missouri Gerontology Institute representative of the University of Missouri - Rolla; and for Nebraska, the Director of the University of Nebraska Gerontology Program at Omaha.


Iowa Lakes CC
Spencer
Nebraska Indian CC
Winnebago
Nebraska Western College
Scottsbluff
Northeast Technical CC
Norfolk
ISU
Ames
Iowa Valley CC
Marshalltown
UNO
Omaha
Southwestern CC
Creston
Indian Hills CC
Ottumwa
Lincoln
Central Technical CC
Hastings
Trenton Jr. College
Trenton
Moberly Area CC
Moberly
KSU
Manhattan
Kansas City
Columbia
State Fair CC
Sedalia
St. Louis
Fort Scott CC
Fort Scott
UMR
Rolla
Mineral Area CC
Flat River
Wichita
Independence CC
Independence
Cowley County CC
Arkansas City
Coffeyville CC
Coffeyville
Springfield
Three Rivers CC
Poplar Bluff

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Each university liaison invited rural community colleges in their states to participate in the project, and 17 colleges accepted: in Iowa, Indian Hills Community College in Ottumwa, Iowa Lakes Community College in Estherville, Iowa Valley Community College in Marshalltown, and Southwestern Community College in Creston; in Kansas, Coffeyville Community College, Cowley County Community College in Arkansas City, Fort Scott Community College, and Independence Community College; in Missouri, Mineral Area Community College in Flat River, Moberly Area Junior College, State Fair Community College in Sedalia, Three Rivers Community College in Poplar Bluff, and Trenton Junior College; in Nebraska, Central Technical Community College in Hastings, Nebraska Indian Community College in Winnebago, Nebraska Western College in Scottsbluff, and Northeast Technical Community College in Norfolk.

Additional participants included consultants from WKCSC who pilot tested the model in the Rural AGE project.

2. Activities:

We encourage you to refer to Attachment 1, Developing Gerontological Curricula: A Process for Success, to supplement this report of activities for the Brokering Rural AGE project. That guide outlines not only the kinds of activities we conducted in this project but also provides a rationale and ideas for other activities which can result in the same goal -- developing gerontological educational expertise in rural and other underserved areas of the country. Rather than repeating the guide, we will reference appropriate sections of the guide while giving an overview of Brokering Rural AGE activities.

a. Orientation:

Much of the success of any endeavor lies in how it is set up. We had extensive communication with all participants in the process of writing the proposal, and we provided interim updates during the months of waiting for a decision. When we received the notification of award eight months later, we contacted each of the university liaisons to reconfirm their willingness to participate, assure the comprehensive distribution of project materials, respond to questions, and identify project participant responsibilities (see Attachment 2). The university liaisons, in turn, re-contacted their community colleges regarding the same issues. Project staff also contacted the WKCSC consultants. During this reconfirmation process, one community college in Iowa declined to participate, and another college was invited and accepted.

General orientation of all participants occurred in three ways: telephone conference calls, state meetings, and information exchange. In addition to general project correspondence, project staff participated in teleconference calls with each of the university gerontology centers and their respective community colleges. The purposes of the conference calls were to review project goals, objectives, activities, and various participants' responsibilities, respond to questions, and reinforce the importance of university/community college interchange. The conference calls schedule was: Iowa, July 29; Kansas, August 4; Missouri, June 16 and

REVISED TIMETABLE

Activity	1986 Aug	Sep	Oct	Nov	Dec	1987 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Team formation	—																
Gerontology Ctr faculty training					—												
Kickoff Conference					—												
Develop State Plans		—	—	—	—	—	—	—	—	—	—						
Implement State Plans						—	—	—	—	—	—	—	—	—	—	—	—
Devel. Intro. courses	—	—	—	—	—	—	—	—									
Offer Intro. courses						—	—	—	—	—	—	—	—	—	—	—	—
Acquire resource materials		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Devel. 2nd+ course					—	—	—	—	—	—	—	—	—	—	—	—	—
Offer 2nd+ course										—	—	—	—	—	—	—	—
Establish linkages with aging network	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mid-project Conf.									—								
Site visits										—	—	—	—	—	—	—	—
Evaluation					—	—	—	—	—	—	—	—	—	—	—	—	—
Address articulation issues					—	—	—	—	—	—	—	—	—	—	—	—	—
Teleconference														—	—	—	—

September 24; and Nebraska, September 23. The June call of Missouri occurred prior to notification of award at the initiative of the State Division of Cooperative Extension to develop a network of Cooperative Extension liaisons with each of the community colleges.

One outcome of these conference calls was the expressed need for early state meetings. The format of the meetings varied from state to state; in Iowa and Nebraska, community college team leaders met with the university liaisons at the universities on October 23 and October 22, respectively); in Missouri, the university liaison and Cooperative Extension liaisons conducted site visits to meet with each college separately; in Kansas, the colleges chose to meet by themselves at a central location and then informed project staff about the content of the meeting.

The third means of orientation, "information exchange," was less systematic. Each university liaison began to distribute a variety of gerontological materials to the colleges; college participants began attending gerontology workshops and conferences; initial discussion of articulation issues was begun; and colleges began to request specific kinds of information to develop their gerontology programs.

b. Gerontology teams (pp. 12-13 of guide):

Each community college formed a team to implement its project activities. Ideally each team would include at least one faculty member, one college administrator, and a community member representing the aging service network. See Attachment 3 for a roster of all teams as they were constituted by the end of the project.

c. Launching Conference (pp. 17-18 and 33-36 of guide):

We brought together the teams at a conference in the fifth month of the project. Although we had originally planned the conference for the third month, we re-scheduled it to allow more planning time for all levels and adequate notification for maximum team member participation. The fact that the majority of project participants were college faculty and staff challenged us to find any dates during the semester when most could attend an off-campus conference. The final dates selected coincided with final exams or dead weeks at most of the colleges.

The launching conference was held on December 4-5 in St. Joseph, Missouri, a site relatively central to the four state gerontology centers and the 17 community colleges — although the Nebraska Western College team flew in because of the distance, and Poplar Bluff, Missouri was about as distant to the east. Representatives from all gerontology centers attended, as well as full or partial teams from 15 of the 17 community colleges. A total of 46 individuals attended the conference, including five consultants from WKCSC.

The major conference consultant/facilitator was Dr. Hans O. Mauksch, Emeritus Professor of Sociology, University of Missouri and Mina Shaughnessy Scholar of The Fund for the Improvement of Postsecondary Education (FIPSE). His participation was made possible by a dissemination grant to KSU from FIPSE for the Rural AGE project.

Intended results of the conference were that:

1. The university and community college faculty and staff have developed and enhanced mutual understanding regarding their respective institution's constraints, professional roles, and educational philosophies, missions, and activities.

2. Participants have a clear understanding of the model of transfer on which the project is based.

3. Participants have developed among themselves mutual interests and trust which can lead to regular and continued communication throughout the project term.

4. State groupings of participants have developed action plans and timelines for implementing promised project activities in their states.

5. Community college participants have been exposed to a variety of basic and multidisciplinary gerontological concepts, content, and resources.

Attachment 4 includes the conference agenda, packet, sample handouts, and working materials. A particularly unique feature of the conference was the use of worksheets by Dr. Mauksch (see "Opinionaire Numbers One, Two, and Three" in the Attachment). These worksheets provided a structure for addressing participant attitudes and belief systems which, if unexamined, could undermine the success of the project.

The intended results were accomplished, and the conference evaluation is discussed in more detail in the Results section below.

The two community colleges which were unable to participate were Coffeyville Community College (Kansas) and Nebraska Indian Community College. University gerontology center staff followed up with each team to launch the project appropriately for them. In Kansas, project staff visited Coffeyville on December 16 and attended their gerontology team meeting. In Nebraska, the university liaison maintained telephone and written contact with Nebraska Indian Community College and visited the college in the third quarter of the project.

d. Orientation for university gerontology center participants.

On the day before the launching conference, December 3, we held a formal orientation for the staff and faculty of the participating gerontology centers from Missouri, Nebraska, and Iowa, with the assistance of Dr. Mauksch. The first page of the conference agenda in Attachment 4 lists the major activities for the orientation. The intended results for the orientation were:

1. The university gerontology center participants understand the parameters of the model for transferring gerontological expertise to rural community colleges;

2. The university gerontology center participants be willing to provide the leadership for implementing the model in their states;

3. The university gerontology center participants are open to appreciating the differences and similarities among and between universities and community colleges;

4. The university gerontology center participants are clear about their role in implementing the project;

5. The consultants from the Western Kansas Community Services Consortium are clear about their roles for the conference.

While we did not conduct a formal evaluation of the orientation, the success of the conference on December 4-5 (Attachment 4) implies that the objectives for the orientation were well met (see activity f below).

e. Develop State Plans:

Each state coalition of university liaisons and community college teams were to develop what we called State Plans which would:

* Include timelines for implementing an Introduction to Gerontology course at each community college (project objectives 1 and 2). The few colleges which already offer such a course would plan a new gerontology course relevant to their clienteles' needs.

* Provide details on how gerontological resources will be identifies as needed, selected, obtained, housed, and shared by all participating community colleges (objectives 2 and 4). This part of the plan would also identify resources available through the university gerontology program and the aging network.

* Give a timelines of activities and contacts between the university gerontology program and each community college (objectives 1-5).

* Identify gerontological conferences for faculty development opportunities (objectives 1 and 2).

* Detail plans for evaluation and self-assessment of project implementation at the state level and at each community college (objectives 1-5).

State plan development was a primary focus of the second day of the launching conference. Each state team met with an assigned consultant from WKCSC to discuss (1) individual community college plans to develop and implement an introduction to gerontology course; (2) ideas for other courses at each college; (3) resources needed by the community colleges —people, materials, funds — and sources of them; (4) opportunities for faculty development; (5) mechanisms for regular communication among all teams within a state; and (6) self-assessment.

During the rest of the project, each state implemented its State Plan differently. Missouri developed a mentoring system between faculty at UMR and each community college (see team roster, Attachment 3). Faculty visited their colleges and developed specific projects unique to each site, in addition to assisting with the colleges' gerontological curriculum development. Nebraska also assigned specific UNO faculty as mentors. Iowa reported to project staff regularly a systematic update of activities among all colleges, and Kansas' State Plan reflected a summation of each college's activities. In retrospect, it probably would have been easier to achieve project goals if we had focused on products and activities rather than trying to create another layer of networking among diverse institutions of higher education which had no other reason to collaborate other than the grant.

Each state also held statewide teleconferences, conferences, and other activities to further grant activities. (See guide, esp. pp. 17-18 and 33-36).) Technical assistance to the teams was a primary task of university liaisons throughout the project.

f. Develop Gerontology Courses.

The first major product of the project was to have every community college develop and offer an Introduction to Gerontology course or other basic gerontology course if one were already offered. To achieve this end, a major focus of the launching conference was introductory course development. Supportive activities by each university liaison included sharing our own introductory gerontology course syllabi and those developed by each college during the project, making recommendations for textbook possibilities, and previewing audiovisual resources.

The diversity of approaches to gerontological curriculum development among community colleges was evident as they implemented their introductory courses. Each state and college had different regulations regarding prior approval and accreditation of new courses, and what was possible was shaped as much by administrative structures as by learner needs assessments.

g. Establish or Enhance Linkages with the Aging Network.

Each team was encouraged to include a community member representing the aging network. Some colleges already had substantial involvement with the aging network in their service areas; others didn't know that aging network existed. Throughout the project, opportunities for interaction with the aging network were sought and encouraged to be acted upon. teams developed linkages with service providers locally, through mailings of state, regional, and national aging organizations, and through participating in gerontological conferences.

All four state agencies on aging were apprised of the project at its inception, and they were invited to send representatives to the launching conference. None were able to attend, however, and project participant contacts with State and Area Agency on Aging staff occurred within their respective states.

h. Mid-project Conference:

The project's mid-year conference was held on April 21 in Omaha, Nebraska, immediately prior to the annual conference of the Mid-America Congress on Aging (MACA). In March, we surveyed all participants to determine the most cogent agenda items (see Attachment 5). A total of 32 participants attended, including representatives from all four university gerontology centers, and 11 of the 17 community colleges. The majority of participants remained in Omaha to attend the MACA meeting, thus meeting one of the project objectives of faculty development for community college faculty. Attachment 5 also includes the conference agenda and evaluation.

The community colleges which were unable to participate were mailed their conference packets in follow-up communication by their university liaisons or by the project staff.

i. Site Visits:

University liaisons conducted site visits to 15 of the community colleges during the project. In several cases, more than one site visit was conducted. Distance and scheduling were the reasons for the two colleges which did not have site visits. In one case, the lack of a site visit did not detract from project accomplishments.
Our experience with WKCSC demonstrated the value of site visits in strengthening inter-institutional respect and providing, as no other format does, close interpersonal cooperation by all participants.

j. Wrap-up Teleconferences:

Kansas and Missouri held teleconferences at the end of the project to review progress, summarize accomplishments, and anticipate future activities.

3. Administration and Record-keeping:

The challenge in Brokering Rural AGE was to replicate a model which we knew works well within one state, among members of a pre-existing consortium of community colleges and one university gerontology center, and over a three-year time period. Our attempt to accomplish the same results in less than half the time, across four state boundaries, and with two and a half times the number of community colleges without pre-existing relationships showed us the constraints of the one-state model. As the title implies, Brokering Rural AGE empowered three other university gerontology centers to replicate the Rural AGE model in each of their states, and project staff deliberately minimized direct contact with non-Kansas community colleges during most of the project. We requested quarterly progress reports through the university liaisons, and encouraged them to develop their own frequency and type of contacts. The resulting reporting system, needless to say, was spotty, and, by the end of the grant, we were directly corresponding with (and occasionally telephoning) all community colleges to request project-related information.

The project grantee processed subcontracts with each of the other three universities, and they, in turn negotiated reimbursement procedures with

their community colleges. Missouri had subcontracts with its five community colleges; Iowa, Kansas, and Nebraska did not.

The inter-institutional and multi-level interactions of Brokering Rural AGE participants were highly complex. We knew the seventeen-month grant period would tax our ingenuity. While many of the concrete outcomes were achievable during that timeframe, establishing collegiality among participants couldn't easily be rushed, especially through a brokering process. For example, differences among institutions in budgeting and accounting procedures meant that we had to find creative ways of meeting institutional requirements while satisfying project objectives. It simply took time to establish good working relationships, coordinate activities in the context of different institutional timetables, institute new curricula, and grapple with the logistics of project activities involving 21 separate institutions.

C. RESULTS

Project results are categorized into three types of outcomes: concrete, peripheral, and serendipitous.

CONCRETE OUTCOMES:

We promised five concrete outcomes in the grant proposal:

1. Each community college will have established a self-sustaining gerontological curriculum development team composed minimally of one faculty member, one administrator, and one aging network representative.

2. A multidisciplinary Introduction to Gerontology course will be offered during the project period at each community college.

3. Plans for a second gerontology course based on an assessment of curriculum needs will be developed at each community college.

4. Gerontology courses will be listed in the community college catalogs, and, where feasible, a section on gerontology offerings will be placed in the catalogs.

5. Each community college team will be familiar with the gerontological resources in its state (university programs, faculty expertise, aging network resources, service providers).

Table I shows the status of team membership, the introductory course, additional gerontology course(s), and catalog listing for each college.

1. Community College Gerontology Teams:

Our experience with the Rural AGE project in western Kansas demonstrated the value of gerontological curriculum teams; and team formation was one of the first activities of the Brokering Rural AGE project. Every college formed a team, with membership ranging from 2 to 13. All teams had faculty representatives, fourteen included deans or other administrators, and eleven included community members. In Missouri, each college team included

Table I

6/30/88

Brokering Rural AGE

Participant	# Team Members*	Introductory Course 1. Title 2. Dates Offered & Enrollment 3. Articulation 4. Gerontology section in catalog	Other Courses	Other Activities
Indian Hills Community College Ottumwa, IA	4 (4,0)	1. Introduction to Gerontology 2. F/88 3. Articulation approved: UNI, U of I, ISU 4. No	"Geriatric Nursing" F/88 "Nursing Home Admin. Certificate (64) "Clinical Nursing" (pre-existing) "Psychology of Gerontology 87-88, (32)	100 Item county wide survey. Working to consolidate gerontology offerings.
Iowa Lakes Community College Spencer, IA	4(3,1)	1. Introduction to Gerontology offered every 2 years since 1979 2. Yearly - (30 av.) Gerontology I and Gerontology II (formally two 3 credit courses combined into one 6 credit course.) 3. Articulation approved: ISU, Northwestern College, Osteopathic School of Medicine 4. Listed under other Health Care Courses available	Two new courses, F/87. Developing one year multidisciplinary health care curriculum at paraprofessional level. Request for acute care continuing education similar to long term care offerings. Working toward A.A. with Gerontology emphasis and aging resource center.	Surveyed surrounding communities for unmet gerontology needs. Explore gerontology offerings rather than just Health Care Administration. Joined AGHE.
Iowa Valley Community College Marshalltown, IA	2(2,0)	1. Introduction to Gerontology 2. S/87 and S/88 (0) 3. Aging in American Society articulation pending with ISU, UI, NIU. 4. No	Elderfest, 5/87 with AAA (110). "Alzheimer's Disease" 6/87 (47). "Aging in American Society" 3 cr., F/87 S/88 (15). "Assistive Listening Devices", 8/87. "Care: Calming Aggressive reactions in the Elderly", 9/87. "Dental Health Care for the Elderly", 9/87. "Elder Abuse", 11/87. "Women and Aging." "Geriatric Suicide." "Hospice Training." "Taking Care of Your Teeth." "Older Adults Under the Influence.	Explore marketing approaches since Introduction course did not have sufficient enrollment twice. Bimonthly programs for local Senior Citizens Center. Explored Community Services AA degree with specialty in gerontology.
Southwestern Community College Preston, IA	5(5,0)	1. Gerontological Nursing 2. Annually since 1983 (av. 25) 3. No articulation requested 4. No	Gerontology nursing accredited. "Behavior Problems and Aging" 2 day workshop S/87; "Coping with Behavior Problems of the Elderly, Pt II: Pharmacology and Family." S/88 (Adult Education)	Future plan to open Introduction to Gerontology to other disciplines than just those in accredited gerontological nursing program.

Coffeyville Community College Coffeyville, KS	12(6,6)	1. Introduction to Gerontology 2. F/86 - (15); S/87 - (11); F/87 - (3); S/88 - (8) 3. Articulation approved as sociology elective with Pittsburg State University 4. Curriculum will be in new catalog	Human services and aging curriculum approved by state: "Programs and Services for the Aging", F/87 (5) "Mental Health and Aging", "Physical Aging and Health", "Grief and Loss", "Field Experience I & II", "Chronic Illness and Later Life", "Sign Language", F/87-S/88 (30). "Death and Dying." S/87 (5)	Community survey on gerontological education needs. Outreach to high school counselors about career opportunities in gerontology. Team leader served on Blue Ribbon Committee for 5th District for 6-state conference June 88 regarding issues facing rural elderly in Mid-America.
Cowley County Community College Arkansas City, KS	4(4,0)	1. Introduction to Gerontology 2. F/87 (13) S/88 - did not make 3. Articulation requested with all KS Regents schools, Washburn University, Oklahoma State University, Southwestern College 4. Course listed in catalog under Sociology	"Seminar on Issues on Aging", F/87 15 clock hours, coordinated with hospital (8). Gerontology integrated into regular psychology course.	Market Introduction to Gerontology course because January 87 and S/88 offerings did not have sufficient enrollment. College participating in WKCSC Politics and Aging project. Articles in newspapers.
Fort Scott Community College Fort Scott, KS	8(8,0)	1. 3 1-credit courses combined to make Introductory course 2. F/87 (8) 3. No articulation requested 4. Will be in F/89 catalog	"Aging and the Individual", 1 credit hour, 8/25-9/22/87 (12). "The Aged and Society", 1 credit hour, 9/29-10/27/87 (10). "Passage of Old Age", 1 credit hour, 11/3-12/1/87 (10).	Community survey on needs of senior citizens. WKCSC in-service on teaching older adults. Program series designed for senior citizens, S/87. Team leader participating in WKCSC Politics and Aging project.
Independence Community College Independence, KS	11(4,7)	1. Introduction to Gerontology 2. S/87 (15) F/87 (5) 3. Articulation requested with KSU, KU, PSU, WSU 4. No	Avocational courses for older learners S/87: "Ceramics" and "Aerobics". Gerontology integrated into regular psychology, developmental psychology, sociology, and nutrition courses.	Conducted 2 community surveys: older residents and service providers. Provided education component for Mercy Hospital wellness program. Recruited older volunteers for adult basic education tutoring. Scholarships for age 60+ tuition. Conference on retirement co-sponsored by NRTA.
Mineral Area College Flat River, MO	13(4,9)	1. Introduction to Gerontology 2. F/87 (18) 3. Articulation requested from University of Missouri-St. Louis 4. In planning stage	"You and Your Aging Parents" S/87, 10 hours, (17) "Psychology of Aging" F/88. Certificate and AA developed. "Pathfinders" program older adult educational day (free), S/88 (160).	Used University of Missouri Extension assessment for curriculum needs. Team leader attended faculty development, MGEC, Su/87. CC Board asked to appoint team leader .5 time in gerontology. AARP coalition of retirement groups. Community college opened Center for Aging with University Extension. Joined AGHE. Rural aging and community college 1-day meeting. In-service to all community college faculty. Oral history project. Articles in newspapers. Radio interview.

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TABLE I - page 3

Moberly Area Junior College Moberly, MO	6(4,2)	1. Perspective on Aging 2. S/88 - did not make 3. Articulation approved by Univ. of Missouri 4. No	Nursing program developed gerontology unit. Travel seminar for seniors through adult community education. Growing demand for nursing home in-service	Faculty development with MGEC Su/87. Considering establishing a Center for Gerontology. Developing marketing logo. Exploring lifespan program of Metropolitan Community College, Kansas City, MO.
State Fair Community College Sedalia, MO	7(3,4)	1. Introduction to Social Gerontology 2. S/88 (14) 3. No articulation requested. Plan for 88-89. 4. No	"Care of Elderly in Your Home", 1/2 credit, S/88 (6). Art classes offered at 3 Senior Citizen Centers (10-20) per class). Plan to include gerontology in some degree programs. Plan Continuing Education for nursing home administrators. Plan to increase gerontology in nursing program. Numerous seminars from MGEC.	Several programs for Senior Centers and local nursing homes by University of Missouri, Rolla. Faculty development with Missouri Geriatric Center, Su/87: ("The demand for courses was much larger than we initially imagined").
Three Rivers Community College Poplar Bluff, MO	5(4,1)	1. Gerontology - A Study of the Aging Process 2. F/87 (12) non-credit Continuing Education 3. No articulation requested 4. No	Sociology/Psychology Dept. reviewing possibility of adding Introduction course to credit curriculum.	Surveyed residents of Twin Towers Center for informal needs assesment. Article in newspaper.
Trenton Junior College Trenton, MO	3(2,1)	1. Introduction to Gerontology 2. Su/87 (15) F/87 (7) 3. Articulation not requested yet 4. Listed in Social Sciences section	"Sociology of Aging" developed and offered S/88 (10). Psychology of Aging being developed. Health Education course offered for seniors. "Aging in America" pre-existing course upgraded to become Intro. to Gerontology.	Faculty development with Missouri Geriatric Education Center, Summer 87. Team leader interviewed on local radio station.
Central Technical Community College Hastings, NE	3(2,1)	1. Introduction to Gerontology 2. F/87 (12) S/88 (15) 3. Not request articulation yet. Plan to do.	Developed certificate program in health care administration; Intro. to Gerontology is required course for program. Prior course: "Death Education" since 1985 (50+ av.)	
Nebraska Indian Community College Winnebago, NE	2(1,1)	1. Introduction to Gerontology 2. F/87 (7) 3. Not request articulation; not aware of procedures - assumed automatically done. 4. Will be in new catalog under Sociology		
Nebraska Western College Scottsbluff, NE	4(3,1)	1. Introduction to Gerontology 2. F/87 (27) S/88 (12) 3. Requested - in process 4. Requested for next year's catalog	Expanding nursing curriculum in gerontology. "Health Problems of the Elderly", 3 credit hour, S/88 (10). AA in nursing home administration. Geriatric Nursing pre-exising course.	Surveyed elderly in community. Team leader TV station, publicizing introductory course.

TABLE I - page 4

Northeast Technical Community College Norfolk, NE	4(4,0)	1. Introduction to Gerontology 2. F/88 3. Not requested 4. Current listing in Health Education; Gerontology section in new catalog.	Developed AA in Nursing Home Administration. Social Gerontology S/88 (11); Health Problems of the Aged F/86, S/87 F/87, S/88 (8 av.) Introduction to Geriatrics (pre-existed project) 2 yr (30 av.). Developing Health Needs of the Elderly.	Article in Norfolk Daily News.

* Total Number of members (number of college administrators and faculty, number of community members)

Key ( ) - number enrollees in class
F/ - Fall semester
S/ - Spring semester
Su/ - Summer semester

a regional representative from the State Cooperative Extension Service. See Attachment 3 for team rosters.

These teams were crucial to the project's success, since they provided the key link between the project staff at each of the university gerontology centers and the programs, faculty, and administration at the colleges. They facilitated the process of curriculum development through their collective knowledge of learner needs, manpower implications, faculty capability, and dissemination strategies. In the early stages of the project, team members were principle actors in conducting assessments of curriculum and resource needs, engendering interest and knowledge about the project and its import for their college among faculty and administrators, and engaging in course and curriculum planning and development.

As the project developed, team members continued to play these important roles, and they also assumed responsibility for assuring that project plans were implemented at the colleges. Some teams had leadership changes, and the continuity of other team members facilitated the continued progress of project plans. The participation of several college and community individuals in generating gerontological courses, curricula, and activities at each college strengthens the likelihood of post-project continuity and the institutionalization of gerontology at the community colleges.

Teams varied in their structure and formality. Some teams met regularly, kept minutes, and developed task forces for specific projects. More often, teams met informally, usually in dyads with the team leader who coordinated the various members' input about gerontology courses, community linkages, public relations, etc. teams' self-definitions and their relationship to the project varied among the colleges. Some colleges established full teams (faculty, administrator, aging network representative) who attended the project's launching conference. In many instances, this participation resulted in shared team leadership, and we had several individuals at those colleges who interacted with project staff and the university gerontology center liaisons. Other colleges identified team leaders who represented the sole link with the college regarding the project. While these individuals often drew upon others in the faculty, administration, or community, the availability of the whole team to project staff and university liaisons was limited.

The size of the team did not appear to make a difference in the success or diversity of gerontological programming. A team of 2 generated a three-credit hour course which was offered twice for total enrollments of 28, and six workshops on various gerontological topics with well over 100 attending. Similarly, a team of 12 launched a wholly new human services and aging curriculum consisting of eight courses, four of which were offered during the project term.

2. Introductory course:

Through the grant, 15 community colleges in Iowa, Kansas, Missouri, and Nebraska developed new introductory gerontology courses. One of the colleges had an introductory gerontology course when the project began, two upgraded an existing gerontology course, and by the end of the project all of the 17 community colleges had an introductory gerontology course syllabus. Fifteen of the colleges offered the course at least once. The

two which didn't offer the course during the project period have it scheduled for the fall of 1988, and these two colleges offered at least one other credit gerontology course during the project.

Eleven colleges entitled their introductory course "Introduction to Gerontology." The other titles included: "Gerontological Nursing," Perspective on Aging," "Introduction to Social Gerontology," and "Gerontology — A Study of the Aging Process." One college offered three one-credit courses which combined into the equivalent of an introductory course. While the Gerontological Nursing course pre-existed the grant, its scope was broadened to include social gerontology, so that it is effectively an introductory course for the practical nursing students who are required to take it.

Fourteen of the introductory courses give three credit hours; one gives two credits; one is non-credit and one is six credits. The non-credit course is being considered by the academic curriculum committee for adoption as a credit course.

For the 25 times that the 15 colleges offered their introductory courses, 275 learners enrolled. Four of the offerings did not have enough enrollment to make the course go, but two of the three colleges for which low enrollment required cancellation successfully offered the introductory course one other time. The college which had two cancellations of its introductory course successfully offered another course in gerontology which was developed through the grant. The introductory courses had an enrollment range of 5 to 27 with an average of 11 students.

One of the community colleges bases all its curricula on a self-paced/independent study format. Their Introduction to Gerontology is a comprehensive independent study manual of three one-credit hour units consisting of objectives, learning contracts, pre-tests, study suggestions, work sheets (factual, analytic, and attitudinal exercises), text and audiovisual assignments, and inventories (essay exams).

Copies of most of the introductory course syllabi developed through the project are on file with the project staff.

3. Second gerontology course:

Eight colleges reported conducting a curriculum needs assessment. Those teams which did not conduct a needs assessment gave the following reasons: lack of time; existing ongoing contact with aging network agencies provided a process of informal assessment; an introductory course was already in place (two respondents); and demographics provided ample rationale for developing gerontology courses.

Eleven of the community colleges developed and offered 17 additional academic gerontology courses during the project, with over 280 learners enrolling. Most of these courses have been offered just once, and at least one has been offered twice. Ten more courses by five colleges have been developed but not yet offered, and four colleges integrated gerontological content into existing courses or curricula. Three of the colleges reported no additional academic gerontological activity beyond the introductory course.

Six of the colleges had a pre-existing gerontology course; two modified their course to become the introductory gerontology course; the others continued to offer their pre-existing courses while developing new ones for the project.

Fifteen non-credit continuing education workshops in gerontology were offered during the grant period by four colleges (one college developed ten different topics, with reported enrollment of about 50). Six colleges offered a total of nine programs for senior citizens either on campus or at senior citizen centers, housing projects, or other off-campus locations. Enrollment reports are available only for three of the colleges' senior citizens programs, and, for these alone, 320 participants were reported.

Three of the Missouri community colleges participated in a summer seminar series offered by the Missouri Geriatric Education Center in 1987. This program served to educate professionals in the community as well as provide faculty development for the college team members and other faculty interested in gerontology.

Four colleges developed Associate of Arts degrees in gerontology and/or nursing home administration.

At least 33 faculty of the 17 community colleges taught academic (credit) and continuing education (non-credit) courses in gerontology during the project period. This figure does not include faculty who taught avocational programs for older adults.

4. Catalog listing:

Table I shows the status of catalog listings for the Introductory Gerontology course. Three colleges currently list the course, and five will list it in their next catalog. Many community colleges publish catalogs every two years, and our experience in the Rural AGE project was that it took the full three years of that project to achieve catalog listings for gerontology by every college. In the Brokering Rural AGE project, several of the colleges have been offering the introductory course as a special topics course, evening seminar, or non-credit course, and such courses are not listed in their catalogs.

5. Resource familiarity:

a. Resource materials, sharing, and acquisitions:

The fact that we brokered the project among university gerontology centers in the four states enhanced resource sharing. Each gerontology center shared resources with its state's community colleges in various ways. Iowa held a day-long resource fair attended by team members of three of the four colleges. Each Iowa community college received copies of the gerontological education modules from the Western Kansas Community Services Consortium and gerontology syllabi from ISU. Kansas colleges received the KSU audiovisual catalog of videotapes, other resources in the KSU gerontological library including topical bibliographies and recent research reports, and copies of needs assessments conducted by other colleges in the project. The Missouri university liaisons visited their colleges at least once to consult about syllabus development and library

holdings. Missouri held a two-day conference and acquainted team members from all five colleges with faculty in the Missouri Gerontology Institute. A post-Governor's Conference meeting served as a wrap-up for Missouri teams. All Nebraska teams received copies of audiovisual materials available at the University of Nebraska - Omaha, sample textbooks, and numerous articles and reprints. In addition, each university liaison responded to special resource requests from individuals team members throughout the course of the project. These requests occasionally crossed state lines. Community colleges also made requests of each other, as indicated by the reports from all 17 colleges that they consulted with colleagues at another college, including drawing upon consultants from the seven western Kansas community colleges in the original Rural AGE project.

Project staff requested that state, regional, and national organizations add the 17 community colleges to their mailing list. At the launching conference, each university (and some community colleges) brought resources to share —books, videotapes, pamphlets, handouts, monographs, etc. All colleges received a copy of the guide Developing Gerontological Curricula: A Process for Success upon which this project's model is based. Several of the colleges have compiled complete listings of gerontological holdings in their school libraries.

Attachment 6 lists gerontological resources acquired by the colleges through the project.

b. Familiarity with aging network expertise and resources:

Familiarity with personnel in the aging network increased through this project, and 15 of the 17 colleges reported increased contacts in their service areas. Eleven colleges included aging network representatives on their teams, a few hired community representatives as gerontology course instructors, and several drew on the expertise of service providers and other community professionals as guest lecturers in their introductory gerontology course. The value of these connections are summarized in a post-project letter received from Iowa Lakes Community College: "It is virtually impossible to concretely measure the benefits that eventually filter to our rural elderly when providers of gerontological services begin to network. Yet we know that a better informed provider, increased information, and networking support does translate into better care and more quality services. First and foremost, I would suggest that we have not only increased our personal gerontological resource materials, but we have a much better understanding of "what" is available and "where" to go for specific regional information should we need it."

The Director of the Aging Office of Western Nebraska (area agency on aging) reported: "It has been my pleasure to have been involved in the development and implementation of the 'Introduction of Gerontology' class currently being offered at Nebraska Western College... The class has given our program the opportunity to inform the attendants as to the community resource availability offered to our elderly citizens. It is apparent, through the immediate feedback of the class, as to the need of our general population to better understand our aging process. The 'Introduction to Gerontology' class is a very positive step in meeting that need."

Likewise, a post-project letter from the Northwest Aging Association (area agency on aging) in Spencer, Iowa documents the benefits of the project in linking them with the community college: "Funding from the grant enabled a survey to be sent to professionals involved with our older populations. The majority of the professionals were in the health field. The survey results indicate the type of educational programs that the Aging professional feels is necessary. This type of information is invaluable when working with our Aging population."

Not all community colleges experienced a positive growth in relationships with aging network agencies, however. For example, a Missouri college reported pre-existing turf issues among four major agencies serving the elderly in its service area and that "adding a fifth wouldn't have helped."

PERIPHERAL OUTCOMES:

Peripheral outcomes of the project include those which are less easily quantifiable into concrete results as well as those which support the achievement of the primary (concrete) outcomes; we draw these outcomes from the proposal's goals, objectives, and intended results:

1. The introductory gerontology courses developed at the community colleges will be sufficiently comparable to university courses that they should transfer without any special conditions.

2. At least one faculty member at each community college will have participated in a faculty development activity such as attending a gerontological conference or workshop.

3. Four university-based gerontology centers will have the expertise and experience in replicating the model so they can initiate linkages with other interested community colleges after the federally funded project ends.

4. Inter-institutional contacts will increase among community college colleagues and between community college and university colleagues.

5. The community colleges will use mass media to publicize their gerontology programs and activities.

6. The colleges' administration will be committed to continuing gerontological programs after the grant period ends.

1. Articulation:

Three colleges have obtained articulation agreements with at least one university or four-year college for their introductory course, and one has obtained articulation for another gerontology course. Five colleges' requests for articulation are pending; three plan to request articulation soon; and five have not requested articulation. Of those who haven't requested articulation, one is due to the course being offered for non-credit through continuing education; one team leader thought that the process occurred automatically; two reported that students who take the introductory course are in two-year terminal degree programs; and one stated that "the class participants are not 4 year college bound."

Reports by the university liaisons to the community colleges in each state indicate that articulation requests are not expected to have any problems. In Missouri, "each college has a proximity link up with appropriate campuses [of the University of Missouri] and [articulation] can be facilitated from that point internally." For the other three states, the interaction of university faculty with the community colleges as they developed their introductory courses gives the universities assurance of the quality and comparability of the introductory courses.

2. Faculty development:

All colleges reported professional development activities in which one or more team members participated during the project. The number of such activities ranged from one to six, and the number of unduplicated faculty participating ranged from one to eight. Reported activities included: Mid America Congress on Aging annual meetings (with which the Brokering Rural AGE project held a pre-conference meeting); Missouri Geriatric Education Center summer seminar series; Governor's Conferences on Aging in Missouri and Kansas; Missouri Gerontology Institute Conference; conferences of the Western Kansas Community Services Consortium on marketing to older consumers, teaching older adults, and political advocacy; the wrap-up conference of our AoA-funded project RURAL Gerontology; National Gerontological Nursing Conference; Iowa State University's Resource Fair; and a variety of local workshops and seminars on health, wellness, nutrition, and mental health issues.

The participation of four of the Missouri colleges with the Missouri Geriatric Education Center (MGEC) summer seminars expanded faculty development in gerontology past team members into the college and wider community. At State Fair Community College, for example, 64 people participated with the (MGEC) seminars; and at Trenton Junior College, 40 participated.

The project's launching conference was reported by several teams as a valuable faculty development opportunity, and we reported attendance at that event separately in the methodology section.

3. University expertise in extending model:

Having participated successfully in Brokering Rural AGE is probably documentation enough for the achievement of this goal, and this result is further supported by the willingness of the university liaisons to entertain participating in future projects: for example, "We, at Iowa State University, and the community colleges in the current project will be delighted to have an opportunity to take part in an expanded project to continue to try to meet the growing needs of the aging population in Iowa... The Iowa State Gerontology Program is able to provide Kansas State University with the type of cooperation needed by a regional gerontology curriculum project, and you have my personal commitment to such a project."

4. Inter-institutional contacts:

Team leaders completed a final survey which included four questions about the level of inter-institutional contacts during the project. In response to the question, "Have you and your team members become better

acquainted with those at other community colleges who share your gerontological interests?" 16 responded affirmatively. All 17 teams reported that they "consulted at least once with colleagues at other community colleges about gerontological curriculum development;" and 11 reported collaborating "more frequently with colleagues at other community colleges than in the past." Sixteen community college respondents reported that their team members increased their contacts with university colleagues during the project.

Some of the team leaders provided additional comments: "The health coordinators have a good network here in Iowa, however we had a chance to meet other community college members." Also from Iowa: "Getting acquainted has generated interest in each others' programs... helpful and rewarding." From Kansas: " MACA Conference was just great for contact with other community colleges," and "Our contacts with university colleagues in the field of gerontology were non-existent before this grant."

On a more cautious note, however, we received these comments: "I'm not sure, however, that there will be a carry over [of inter-community college networking]" (KS). Another Kansas team leader reported a lack of administrative support for inter-community college networking.

A quotation from a report by the University of Missouri liaison also describes the inter-institutional relationships emanating from the project: "Above all we are all talking with each other excitedly with numbers growing each day and the project is clearly providing expertise, communication, identification and professional growth for all involved... These programs will attract more students from the community of all ages to the colleges and more students from the college to continue at University, particularly in elderly care as these courses will be transferable."

5. Publicity:

At least four team leaders reported articles on their gerontology programs were published in newspapers in their service area. Two had interviews at local radio stations, and one had a TV interview.

6. Institutionalization of gerontological activities:

Institutional commitment to gerontological courses and curricula are demonstrated not only through catalog listings but also through funding and other resource allocations at the community colleges. One Missouri college developed a Center for Aging in conjunction with the Cooperative Extension Service and appointed the team leader half-time in gerontology; this college also joined AGHE, perhaps the most compelling demonstration of institutional commitment to gerontology. An Iowa college also joined AGHE. Two Kansas colleges are participating on another AoA-funded project with the Western Kansas Community Services Consortium to educate elected officials about aging.

College commitment to gerontology is also demonstrated by the expenditure of college funds for curriculum development. The multi-tiered administration of the project prevented us from obtaining systematic data about local match, but we know from our work with the Kansas colleges, both

in this project and in the previous one with WKCSC colleges, that institutional match for library materials, office supplies, telephone, photocopying, postage, new course development, and team member time commitments is substantial in this kind of project.

SERENDIPITOUS OUTCOMES:

Serendipitous outcomes are those unexpected results which all grantwriters would love to have been able to predict to strengthen their original proposals. Serendipitous outcomes defy categorization, so we shall just list them.

Three of the Nebraska colleges have team members who graduated from the UNO gerontology programs which, in turn, were developed through AoA grants in the '70's. The Director of the Missouri Division of Aging is a graduate of UMR (psychology) "so the networking is extending into State Agencies and Area Agencies on Aging."

The team leader in a Kansas college participated on 5th District Congressman's Blue Ribbon Committee to create a six-state conference on issues of rural aging.

The Missouri State Extension Division allocated $4,000 to the project subcontractor and another $4,000 to the Dean of Extension at Rolla to support rural gerontological education. In addition, the university liaison received nearly $1,000 additional project support for a graduate assistant on the grant from the UMR Alumni Association.

The Missouri liaison was invited to coordinate a major portion of the Governor's Conference on Aging, and to be a presenter.

Rolla, Missouri became the first rural site for Famous-Barr's program for the elderly in the humanities and the arts.

At the beginning of the project, the Missouri liaison presented a seminar at KSU for the Center for Aging seminar series. Midway through the project, he told project staff "if I hadn't been involved in this project, the Center on my campus wouldn't have been continued and revitalized with money from Columbia and my campus. I wouldn't have been doing one-quarter of the Governor's Conference which puts me on the White House Conference in 1991. I'm in charge of the MACA session on humanities and the arts, and I'm on an AGHE symposium."

A Missouri college received a $26,000 grant to support students in residence at a retirement village.

A president of another Missouri college cited the team's work with the University as leading in cooperation. A special project between that college and UMR on oral histories of the Orphan Train will be the subject of a PBS film and was noted by Senator Danforth.

Missouri has received funding for the first three years of a possible ten year Kellogg Foundation grant to establish a national center of extension gerontology; the Missouri university liaison stated that the Kellogg grant

will allow Missouri's work with community colleges to continue strongly for at least ten years.

The Missouri Division of Cooperative Extension requested that KSU preview and critique a media manual for aging issues, and KSU facilitated a multi-agency reviewing session for a team from Missouri.

At the end of the project, the Iowa liaison spent a semester's sabbatical at KSU, presenting a Center for Aging seminar, guest lecturing in numerous classes throughout campus, and co-authoring an article on the Brokering Rural AGE project.

The Iowa liaison is now in dialogue with ISU administration about upgrading their departmental-based gerontology program into a university-wide Center on Aging.

Project staff were instrumental in developing a task force on community colleges at AGHE. This group will petition to become an officially designated Special Interest Group at the next annual meeting.

D. EVALUATION

1. Meeting Project Objectives:

Feedback mechanisms:

We obtained input about project activities and progress in five ways: (1) formal evaluations of the two project conferences; (2) quarterly progress report requests; (3) "vignettes;" (4) final report survey; and (5) miscellaneous written and telephone communications (including site visit summaries).

1.a. Launching Conference:

The first evaluation activity for the project was that for the launching conference (see Attachment 4). Twenty-eight evaluation forms were completed, with respondents including community college team members, university gerontology center faculty and community college liaisons, and conference consultants. Seventy-three to 86% of the respondents were "quite satisfied" to "very satisfied" that the conference met its five intended results. We know that some of the dissatisfied ratings came from individuals who did not attend the full conference. Since the conference was designed to be a complete experience for the full three days for university faculty and staff and for the full two days for community college team members, it is understandable that those who attended only part of the conference would have felt incomplete about their participation.

Evaluations of specific sessions showed overwhelming support of Hans Mauksch, the major consultant to the conference. Likewise, the participation of the five consultants from the Western Kansas Community Services Consortium was highly rated, particularly regarding their roles at state team meetings on Friday morning. The State Planning meetings themselves were unanimously rated effective or higher, as was the Resource Fair.

Time constraints required us to change the agenda for the content area workshops, so each workshop was offered just once simultaneously with the others. All individuals who attended workshops gave them ratings of effective or higher.

1.b. Mid-project Conference:

Attachment 5 includes the summary of evaluations and comments from 20 participants for the Pre-MACA Conference. The strongest positive feedback was for objectives 1-3, with 16-17 respondents feeling "quite satisfied" or "very satisfied" that the objectives were met during the conference. The weakest part of the conference was in sharing plans "to develop and implement second gerontology course."

Comments indicated again the diversity of our participants; for example, several participants felt the content of the conference was too basic for their needs, while another volunteered "this has been an extremely beneficial and educational experience." (See Attachment 5 for additional comments.)

2. Attachment 7 is a copy of the quarterly progress report information request form which we used during the project. In order to encourage high return rates, we used follow-up correspondence as well as telephone calls. Frustrated by ever-declining return rates, however, we resorted to sending copies of the previous quarterly report's Table I with the request that any changes from that Table be reported to us for the next report. We would assume that non-respondents had no changes or additions to the chart. We discovered the gaps in this system upon completing the final report survey for all colleges.

3. In response to a suggestion by our Project Officer to include descriptive as well as documentary information in our quarterly reports, we sent a specific request to each team leader asking for a "vignette" -- a brief description of the team's participation in the project, addressing "where were you regarding gerontology before the project began; what has happened for you during the project; and where do you expect to be in the future regarding gerontology?"

Attachment 8 contains the project evaluator's full analysis of the vignettes. Five themes emerged from the open-ended questions by the fourteen respondents: professional and collegial development; provision of enriched resources; expanded services and educational opportunities; increased visibility and acceptance; and improved planning through needs assessment. Please refer to the complete report for specific details and quotations from the vignettes.

4. The final report survey (Attachment 9) was designed to supplement information we had received from the quarterly reports. Through mail and telephone interview we received these surveys from all colleges and universities.

5. Non-systematic written, telephone, and in-person communication provided some of the data reported above in results. Some of the quotations by participants came from telephone calls or comments made directly to staff at site visits or conferences.

Objectives 1 and 2 were the keystones around which project activities were organized and to which additional objectives referred. Project success hinged on the success of the seventeen rural community colleges developing gerontological courses and curricula and strengthening faculty capacity to deliver the new curricula. In the proposal, we stated that objectives and 2 would be satisfied if: "1) by the end of the project each of the participating community colleges has developed and offered a multidisciplinary Introduction to Gerontology course, has provided a written assessment of its curriculum needs in gerontology, and has planned a second appropriate course offering in gerontology (with at least 8 of the 17 community colleges having offered the second course); and 2) the universities and community colleges have collaboratively written a state plan detailing their procedures for conducting these curriculum development activities."

As documented above, all 17 colleges developed or re-developed an introductory gerontology course during the project; 15 offered it at least once, and the other two offered another credit gerontology course developed through the project.

Only eight colleges conducted a formal study resulting in a "written assessment of its curriculum needs in gerontology." In retrospect, this criterion of success seems less critical than when we wrote the proposal. Whether or not a college had a written assessment of needs did not determine its success in achieving the project objectives, as can be seen in Table I. The brokered nature of the project, along with our emphasis on collegiality, precluded our mandating that each college develop a written needs assessment. We must also acknowledge the validity of one of our WKCSC colleagues who stated that one way to conduct a needs assessment is to offer a course and see if it makes...

Fourteen colleges developed or planned to develop an additional gerontology course, and eleven offered their second course during the project term. Two colleges offered no credit or non-credit gerontology courses other than the introductory course. We fell short of our expectations for universal second course development, and we exceeded our expectations for total number of learners served (projected 400; actual 650+ — with under-reporting for two introductory course offerings, five conferences or workshops, and four programs for senior citizens).

Objective 3 was assessed by asking the university liaisons to evaluate the appropriateness and content compatability of new courses developed at the community colleges. We promised in the proposal that "Objective 3 will be met if these specialists agree that such courses are sufficiently comparable to university courses that they should transfer without any special conditions." Since the teams worked closely with the university liaisons in developing their courses, it is no surprise that the university participants report that they foresee no problem in articulating the courses. The shortness of the grant has been the main reason course transfer requests have been minimal.

As promised in the proposal, we assessed Objective 4 "by contrasting current exchanges among participating community colleges with those occurring during the project duration." As stated above, 16 team leaders reported being better acquainted with community college colleagues as a

result of the grant; 17 consulted with another college during the grant (some used WKCSC consultants); and 11 reported collaborating more frequently with other colleges. The latter figure reflects the lack of a pre-existing consortium of colleges as we had had in the Rural AGE project and the lack of need to develop such a consortium in order to accomplish the project objectives.

We assessed Objective 5 through the final report survey as well as through selected letters from team members. Regarding community college relationships with universities, Sixteen team leaders reported an increased in contacts with the universities participating in the project. The college reporting no increase was one which had had a change in team leadership mid-project; it also had had minimal activity beyond its introductory course. The development of community college relationships with the aging network is more anecdotal: e.g., Missouri's participation in the Governor's Conference on Aging; an Area Agency on Aging Director in Nebraska serving as a team member; several teams' local ties with AARP/NRTA and RSVP; etc. Eleven of the teams had community representation.

2. Impact on Target Groups:

This multi-tiered project had several target groups: university faculty and staff; community college faculty and staff; community college students; service providers in community college districts; and, ultimately, older people and/or their caregivers.

We received systematic direct feedback from the community college faculty and staff through the reporting mechanisms described in section 1 above, and particularly through the vignettes (see Attachment 8). To quote the conclusion of that report: "Although generalization cannot be made legitimately about the magnitude and success of various efforts and plans from an open-ended survey, it is clear that all 14 coordinators who responded have positive attitudes about their participation in the program. No doubt many examples of progress and service were omitted because the request for feedback gave no clues as to what should be included. Still, each respondent provided specific examples of improvements and expressed enthusiasm for their development, optimism about the future, and appreciation for the assistance of the cooperating universities and, especially, for Kansas State University's Center for Aging. From this review of narrative materials, one is left with the impression that the project was viewed very favorably by its participants" (report by Don Hoyt, Project Evaluator).

Another measure of impact on target groups can be inferred from a national study by Peterson and Craig, "Gerontology in American Institutions of Higher Education: Gerontology Instruction and Programs in Community Colleges." Table 2 of the working draft of that report shows Kansas ranked highest in proportion of institutions of higher education having credit courses in gerontology both among seven institutions in the "great plains" and among states with 21-30 institutions. Nebraska ranked highest among states with ten or fewer institutions of higher education. Since these results emanate primarily from our work with WKCSC, we would predict that an update of this Table would now skew the table even more strongly toward our four states.

While we did not conduct a formal evaluation of university participants' perceptions of the project, we know from their enthusiasm and willingness to "go the extra mile" for their states' community colleges that a solid collegial relationship was established between participants at these two levels of higher education which will persist well beyond the project period. The process of consciously developing this relationship began with the orientation facilitated by Dr. Maukech at the launching conference. We consider this activity critical in setting the stage for the success of the project.

Feedback from the over 900 learners of the courses and programs developed under the grant are anecdotal, and, of course, all the reports we heard were favorable. Several course instructors voluntarily shared the excitement of their students, especially regarding experiential activities such as keeping a journal while getting acquainted with an older person or trying sensory deficit packages.

As mentioned earlier, community representatives served on eleven of the 17 teams. While the representation of the aging network, we feel, was lower than desired for the teams on average, we expect that additional links will be made as they continue to offer their courses, conduct new needs assessments in their service areas, and develop marketing plans for their courses and activities. In Kansas, our experience with the WKCSC colleges has been that their relationship with the aging network has grown slowly but steadily since the Rural AGE project. That project was three years in length, and at the end of that grant, the colleges' relationships with local aging network representatives was, in the aggregate, no greater than now exists with the 17 colleges of Brokering Rural AGE.

Six of the colleges reported offering a total of nine programs specifically for older adults. Enrollments totalling about 320 people were reported for five of the programs. Those are the direct older population beneficiaries of the Brokering Rural AGE project. The indirect beneficiaries, of course, are the hundreds of thousands of older people residing in the rural areas that the 17 colleges serve. That their lives can be improved is a basic tenet of all education, and we feel we have launched a process for addressing issues specifically related to the quality of life of older rural residents in our four states.

3. Organizational and Substantive Implications for Programs to Assist Older Americans:

Several specific activities attributable to Brokering Rural AGE had relevance for programs serving older people. First, the gerontological curriculum teams at 11 of the 17 colleges included aging network representatives who had input into course and curriculum development. Second, 15 of the colleges reported increased contacts with service providers in their areas. Third, a few colleges hired aging network representatives as gerontology course instructors, and several drew on the expertise of service providers and their community professionals as guest lecturers in their introductory gerontology courses. Fourth, independently received commentaries by aging network administrators and staff reinforced the indications from many of the colleges that their contacts with the aging network were increasing and deepening.

Such indications are more illustrative and suggestive than they are conclusive. Nonetheless, they do suggest that Brokering Rural AGE did add impetus to building closer ties between the community colleges and programs serving older people. Our evidence indicates that when opportunities for partnerships exist, aging network personnel see the community colleges as a viable resource both for themselves and for older people, and community college faculty have begun to recognize and use the expertise and resources of aging network programs. Brokering Rural AGE made a modest contribution to developing these opportunities through the team structure and resource enhancements at the community colleges.

E. DISCUSSION AND IMPLICATIONS

Brokering Rural AGE addressed the problem of facilitating the development of indigenous gerontological expertise in rural institutions of higher education. Prior work with rural community colleges in Kansas had indicated that this could be accomplished in the areas of curriculum and faculty development. The project was based on the following premises:

1. Rural areas of the participating four-states and the nation are rapidly undergoing population aging.

2. Rural areas do not have the numbers and concentration of gerontological specialists and services for older people typically available in urban settings.

3. Rural areas are unlikely to receive a large influx of trained gerontologists from other areas or a massive reallocation of resources to meet their needs. Consequently, they must look to educational institutions in their own environment to meet educational and training needs.

4. Community colleges often represent the only presence of higher education in rural areas. A recently completed national study (Andrus/AGHE) indicates that community colleges in all areas of the country will play an increasingly larger role in gerontological education and training;

5. Much of the concentration of gerontological expertise and resources is located in universities;

6. Universities do not necessarily respond effectively to the full range of gerontological educational and training requirements of rural areas;

7. Demographics, economic, and service orientation issues are compelling community colleges to respond to their older rural clienteles;

8. It is both feasible and cost effective to implement a mechanism for transferring educational and training capacities and resources from universities and community colleges by upgrading indigenous resources;

9. By transferring expertise and resources in a collegial atmosphere, it is possible to achieve ongoing working relationships between community colleges and universities which can work to the advantage of both and enhance their collective capacities to respond to issues of aging.

Project outcomes affirm the effectiveness of the strategies we employed. Project results provide supporting evidence for the following conclusions:

1. The involvement of their faculty in Brokering Rural AGE has strengthened the gerontology programs at the community colleges.

2. Brokering Rural AGE has helped to institutionalize gerontology curriculum teams at the colleges.

3. The project stimulated the introduction of new courses, curriculum revisions, and additional credit and non-credit offerings by the colleges.

4. Brokering Rural AGE promoted and encouraged increased faculty involvements in professional gerontology associations.

5. Brokering Rural AGE enhanced ties between the colleges and community aging network programs.

6. Brokering Rural AGE sensitized college administrators to the importance and need of gerontology to college programs.

7. Brokering Rural AGE encouraged collegial relationships between the colleges and universities.

8. Brokering Rural AGE contributed to cooperative efforts among the colleges both within and across state lines.

Brokering Rural AGE was directed toward the very real need for gerontological expertise and capacity building in rural areas. In a general sense we believe we accomplished the objectives of the project and demonstrated the essential efficacy of our model and approach as a response to the problem. This thrust was in response to conditions existing in the four states, but it was also guided by the understanding that states and areas similar to the four who participated in the project could benefit from our experience. In principle, there is no substantive reason why urban areas could not benefit by cooperative exchanges between their community colleges and universities. If the results of the Andrus/AGHE study are valid then we will continue to see further expansion of gerontological programs and offerings both at universities and community colleges. One can envision at least two scenarios in this regard. First, (and this is clearly plausible), community colleges and universities will compete with one another for students and programs, engage in turf battles and boundary maintenance, and create unnecessary program duplication which is costly to the institutions, students, the state, and older people. A second scenario, (which is also plausible), would encourage and appropriately induce the sorts of collegial exchanges we encountered in Brokering Rural AGE and thereby make possible cost and program effective approaches.

We view Brokering Rural AGE as a part of larger plan. From the perspective of social policy, Brokering Rural AGE provides an example of cost and program effective means of increasing the capacity of indigenous groups to respond to needs within the framework of existing resources. We have demonstrated that it is possible to upgrade and strengthen community college gerontological curricula by means of our approach and have presented data which shows how that such efforts lead to a larger impact on students who take community college courses. However, a more effective test of the power of our approach will be to systematically target "student" groups who are trained by community colleges and apply our model of education and training to gauge its impact on such groups. A grant proposal currently pending at AoA would allow us, if funded, to further test our ideas on a target population of 900 unlicensed care providers.

Brokering Rural AGE was not without its problems. For the most part they were problems of logistics and program delivery normal for a project of this complexity rather than difficulties of the basic premises and approach. These were dealt with and discussed in various progress reports and mentioned in "Administration and Record-keeping" above. There were, however, several interrelated problematic issues that have implications not only for this project but potentially for others that may emulate it. In our earlier projects in Kansas we had worked with seven community colleges in Kansas who composed a consortium. The consortium arrangement provided a definite advantage because its governing board provided a single point of access for addressing problems and arriving at their resolution. Board decisions applied to all participating schools, thus reducing the necessity for problem resolution on a college-by-college basis. The 17 colleges participating in Brokering Rural AGE had no prior experience in working with one another on a cooperative program level. They had no existing organizational basis for interaction with one another in ways required by the project. Although their commitment to the project was strong and they clearly saw advantages in participation, the lack of a common organizational structure meant that we had to engage in negotiations with individual colleges to an extent greater than would have been desired.

This issue is related to a basic strategy we wished to employ, but which we had to revise somewhat as the project progressed. We had designed the project to facilitate ties between community colleges in a given state and their state university gerontology centers. We viewed our role as one of working with and through the university gerontology centers to assist the community colleges. We believed that K-State would be less effective in working with the Nebraska community colleges, for example, than would the gerontology center at the University of Nebraska-Omaha. By design we anticipated fewer direct contacts between K-State and the community colleges in other states than in fact proved necessary. During the course of the project, we discovered that we had to work both with the universities and community colleges to accomplish our ends. The structure we created was not inappropriate or ineffective in principle, but in its application it needed revision. As a result, we had to spend more time on project administration than we anticipated, and less time on program issues than we desired.

Earlier work in Kansas had indicated that community colleges are diverse in their program emphases, organizational structures, and perceived college missions. In Brokering Rural AGE we confronted such diversity not only

among colleges but between states in terms of their higher education infrastructures. We view such diversity and variation as a strength and not an impediment to program implementation. Nonetheless, these factors do have implications for the conduct of projects such as Brokering Rural AGE and can create problems, rather than comprising an interesting and potentially fruitful problematic, if they are not appreciated, accepted, and dealt with through project organization and design.

Finally, we learned through Brokering Rural AGE that 17 months is simply not a long enough period to implement a project of such complexity. To be sure, we have documented the successful achievement of project objectives and believe that the outcomes fully justify the investment of AoA funds. Our experience of this project as well as the original Rural AGE project under which the model was developed, however, indicates that an optimal time frame is minimally three years, if full project completion and documentation of results is to occur. Fortunately, AoA recognized the legitimacy of this point when they approved a no-cost extension of the grant for several months.

During the course of the project, we discovered that one of its key participants was our AoA project officer, Bruce Craig. He took the initiative to be a critical commentator, a facilitator, and a "sounding board." He far exceeded the required technical assistance and monitoring duties of a project officer in assisting us. His careful and prompt perusal of every progress report, and his subsequent written comments to us, gave us a breadth of vision about the project that we could not have had otherwise. At times we became so caught up with attending to grant details that we momentarily lost sight of the larger issues we were addressing. Bruce never failed to remind us of these and in so doing pulled us back to more fundamental concerns of project impact by suggesting creative ways of assessing them. In many ways his useful advice, criticism, and suggestions are incorporated in this report. He was available and accessible to us through correspondence and by telephone. Particularly useful were the occasional meetings where our paths would cross. Inevitably, these contacts were productive and in no small way contributed to our successes.

The ultimate intended beneficiaries of Brokering Rural AGE are older people and the programs that serve them. While we can easily demonstrate that community college programs have been enhanced and that their ties with university gerontology programs have been strengthened, data supporting responses to older people specifically and programs serving them is more inferential than direct. This does not detract from the impact of our project on learner populations, but it does speak to the need to include more concrete measures of program impact on ultimate target groups. Such measurements would entail both increased time-frames as well as increased funds for future replications of this project. If our pending AoA grant proposal which focuses on training unlicensed care providers through our model is funded, we may have an opportunity to address such impact measures.

F. SUMMARY

This 17-month project replicated and expanded in a four-state region a model of gerontological expertise transfer which we had developed with a

consortium of seven western Kansas community colleges under a previous federally-funded project: Rural AGE -- Accessing Gerontological Education. The four states for Brokering Rural AGE composed Federal Region VII: Iowa, Kansas, Missouri, and Nebraska. The project linked rural community colleges in each state with a university gerontology center; and this partnership facilitated developing indigenous gerontological expertise in the 17 participating colleges.

The model of gerontological expertise transfer has four components: (1) curriculum development (each university gerontology center provided technical assistance on gerontological course design and implementation and identified appropriate resources for the colleges); (2) a team approach in which each college formed a campus/community curriculum development team to assess needs, and develop and market gerontology courses; and inter-institutional networking; (3) faculty development through attendance at gerontological conferences and using consultants; and, (4) targeting seed monies for curriculum materials and faculty development.

Each community college convened a team of faculty, administrators, and community representatives. We held initial and mid-project conferences for all participants. Each state group of university liaisons and community college teams developed state plans consisting of timelines for implementing newly developed gerontology courses, strategies for acquiring and sharing resources, procedures for inter-institutional communication, opportunities for faculty development, and evaluation. University liaisons conducted site visits to most of the colleges during the project term. Evaluation occurred through formal feedback on conferences, quarterly reporting forms, open-ended questionnaires, state team reports, and site visit reports.

Within a context of institutional diversity, all 17 colleges developed and offered at least one new gerontology course during the project. All colleges now have an introductory gerontology course, and 11 colleges have a second academic gerontology course available as a result of the grant. Over 500 learners enrolled in these courses during the grant period. An additional 370 individuals enrolled in non-credit workshops and conferences offered through the project. All colleges acquired resources such as textbooks, audiovisual materials, journal articles, and other publications to support their course development. Forty-three faculty from the 17 colleges participated in faculty development activities. The colleges increased their contacts with representatives of the aging network, by including them on their Teams, inviting them as guest lectures for courses, involving them in needs assessments, and planning workshops and other activities. The interaction of the colleges with universities facilitated articulation of courses.

The colleges are in a strong position to institutionalize their gerontological courses, curricula, and other activities. If we were to make a five-year prediction about the longevity of gerontology in the 17 community colleges, we would comfortably say that close to 100% of them would still have academic, continuing education, and/or avocational courses in gerontology. This prediction is strengthened by Peterson's assertion that "it will undoubtedly take less than the 14 years left in this century for gerontology instruction to reach virtually every campus in America." (AGHE/USC National Survey Report 1, 1986).

The project has demonstrated that the model can be replicated in a multi-state geographic area. Future replications must allow enough time to accommodate institutional constraints for course and curriculum development. Other key ingredients from the model are inter-institutional collegiality and seed monies for resources and faculty development.

Based on our own experience, however, we doubt that universities will take the initiative to launch a replication of this model of gerontological curriculum development without external funding support. We know that gerontology programs in midwest universities do not have surplus funds to invest in nurturing gerontological programs in sister institutions, even though we know that the amount of funds required is minimal — $500 for resource acquisition, and some funds for faculty development.

While we feel that the model has potential for national expansion, we would recommend that certain aspects be carefully articulated prior to any expansion of the model to a wider geographic area: administrative and participant responsibilities, communications procedures, reporting mechanisms, and methods of developing collegial relationships among different levels of institutions of higher education.

G. BIBLIOGRAPHY

Hartmann, Stunkel, and Peters. Developing Gerontological Curricula: A Process for Success. Manhattan, KS: Kansas State University, 1986.

Peters and Stunkel. Rural AGE: Accessing Gerontological Education. Final Report to The Fund for the Improvement of Postsecondary Education. Grant # G00832735, 1987.

Peters, Stunkel, and Legg. Readying Underserved Regions for Academic Leadership in Gerontology. Final Report to the Administration on Aging, Grant # 90 AT 0166, 1987.

Peters, Stunkel, and Mercier. "Interorganizational Linkages: Replicating and Reformulating Processes of Gerontological Curriculum Development." Paper read at the Annual Meeting of the Gerontological Society of America, 1987.

Peterson and Craig. "Gerontology in American Institutions of Higher Education: Gerontology Instruction and Programs in Community Colleges." Working draft, 9-23-87.

Peterson. "Extent of Gerontology Instruction in American Institutions of Higher Education." AGEH/USC National Survey of Gerontology Instruction Report No. 1, Fall 1986.

Peterson, Douglass, Bolton, Connelly, & Bergston. Final Report: A National Survey of Gerontology Instruction in American Institutions of Higher Education. Washington, D.C.: AGHE, 1987.

Stunkel and Peters. "Partnerships in Higher Education for Gerontological Curriculum and Faculty Development." AGHE Exchange. December 1987/January 1988, Vol. 11, No. 2.

ATTACHMENT 2

PARTICIPANT RESPONSIBILITIES
Preliminary Draft

July 1, 1986

"Brokering Rural AGE"
sponsored by the Administration on Aging

KS COMMUNITY COLLEGE RESPONSIBILITIES

During the course of this 17-month project, it is the responsibility of the community college to:

1. Convene a self-sustaining gerontological curriculum team composed minimally of one faculty member, one administrator, and a local representative from the aging-related agency network. Members of each community college team will become familiar with the gerontological resources in the state (university programs, faculty expertise, aging network resources, service providers).

2. Facilitate the gerontology team members attending a kickoff regional conference, a mid-project conference, and a wrap-up regional teleconference.

3. Develop, introduce into the curriculum, and teach one multidisciplinary "Introduction to Gerontology" course.

4. Initiate a curriculum development process for creating a second gerontology course based on an assessment of curriculum needs.

5. Assure that all gerontology courses will be listed in the community college catalogs, and, where feasible, place a gerontological course section in the catalog.

6. Develop a community college gerontological program development plan which will include the following components:

   a. A time-line for implementing the Introduction to Gerontology course.

   b. Details on how gerontological resources will be identified as needed, selected, obtained, housed, and shared locally with faculty and students.

   c. A time-line of activities and contacts between the Kansas State University Center for Aging and the community college. Such contacts may include, but are not limited to, one-on-one telephone calls, correspondence, consultation, teleconferences with single or multiple community college teams, site visits, miniconferences with multiple community colleges, and joint training programs.

   d. Identify statewide and sub-state regional gerontological conferences and determine which conferences team members will attend for faculty development.

   e. Detail plans for evaluation and self-assessment of project implementation.

7. Submit periodic brief reports of progress and submit a final report within 30 days after the termination date of this project.

KSU RESPONSIBILITIES

It is the responsibility of project staff to:

1. Negotiate and monitor subcontracts with the three other university gerontology centers in the region.

2. Administer the grant and submit quarterly program and financial reports to AoA.

3. Arrange logistics for the two regional conferences and teleconference.

4. Provide technical assistance in the implementation of the model to the other three university gerontology centers.

5. Assist the Kansas community colleges to develop a state plan for gerontological curricula. Monitor state plans developed by the participants in each state.

6. Provide technical assistance and gerontological resource referrals to the Kansas community colleges.

7. Reimburse and monitor project expenses of the Kansas community colleges.

8. Conduct site visits to each Kansas community college and each of the other university gerontology centers.

9. Facilitate articulation of gerontological courses between community colleges and universities.

10. Facilitate interaction and networking among community colleges, university gerontology centers, and aging network representatives.

11. Provide technical assistance on and monitor evaluation of project activities.

IOWA, MISSOURI, AND NEBRASKA GERONTOLOGY CENTER RESPONSIBILITIES

It is the responsibility of the university gerontology centers in Iowa, Missouri, and Nebraska, for each of their states respectively, to:

1. Provide technical assistance and gerontological resource referrals for the participating community colleges.

2. Assist the community colleges to develop a state plan for gerontological curricula.

3. Reimburse and monitor community college project expenses.

4. Facilitate participation by university gerontological faculty at the two regional conferences and teleconference.

5. Conduct site visits to each community college.

6. Facilitate articulation of gerontological courses between community colleges and universities.

7. Facilitate interaction and networking among community colleges, university gerontology centers, and aging network representatives.

8. Submit periodic reports to the project staff, and submit a final program and financial report within 60 days of the end of the project period.

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ATTACHMENT 4

December 1, 1986

Brokering Rural AGE Conference Agenda

Wednesday, December 3

11:00 - 11:15 a.m.	Welcome, Introductions, and Overview
11:15 a.m. - 12:30 p.m.	"The Seduction of Mutual Disdain" Session Facilitator: Hans Mauksch
12:30 - 1:30 p.m.	Lunch
1:30 - 2:30 p.m.	"The Technology of Transferring Knowledge and Support" Session Facilitator: Hans Mauksch
2:30 - 3:30 p.m.	"Walking Over the Bridge: A Retrospective View" Panel: WKCSC Consultants
3:30 - 3:45 p.m.	Break
3:45 - 5:00 p.m.	Discussion All participants
5:00 - 5:45 p.m.	Summary and Preparation for Dec. 4-5 Conference Panel: George Peters, Hans Mauksch, Edith Strunkel
5:45 -	Social Hour

Dinner on own

December 1, 1986

Brokering Rural AGE Conference Agenda

Thursday, December 4

9:00 - 9:10 a.m.	Welcome and overview
9:10 - 9:30 a.m.	Introductions
9:30 - 11:45 a.m.	Cooperation between university and community college faculty and administrators: the exploration of opportunities and obstacles when establishing new relationships. Session facilitated by Hans Mauksch Break times included
11:45 a.m. - 12:45 p.m.	WKCSC panel: problems, pitfalls, preconceptions, pleasures, and purposes of participation
1:00 - 2:00 p.m.	Lunch - together
2:00 - 4:00 p.m.	Community College Team presentations: 7 minutes each introductions of Team leader and Team members both present and absent information about college expectations, hopes, anticipation, and concerns for conference and project (serve-yourself refreshments)
4:00 - 4:30 p.m.	Resource Fair set-up and preliminary exhibit time. Break - Individual linkages Opportunities to sign up for meetings around mutual interest areas.
4:30 - 6:30 p.m.	Our perceptions, conceptions, and images of gerontology. Session facilitated by Hans Mauksch Break times included
6:30 - 7:30 p.m.	Hospitality Hour in Resource Fair room
6:30 - 10:30 p.m.	Resource Room Open

Dinner on our own

December 1, 1986

Brokering Rural AGE Conference Agenda

Friday, December 5

8:00 - 9:30 a.m.	Developing State Plans: Meetings of all community college teams with their respective state universities. Consultants available to state groups: Darrell Cottingham - Nebraska Betty Stevens - Missouri Ted Wischropp - Iowa Wilma Kelley - Kansas Joyce Hartmann and Hans Mauksch - rotate
9:30 - 10:00 a.m.	State Reports (7 minutes each)
10:00 - 10:15 a.m.	Break
10:15 - 10:45 a.m. repeated 10:50 - 11:20 a.m.	Gerontological Workshops: Concurrent Sessions (1) Myths and Realities of Aging Joyce Mercier and Ed Powers, Iowa State University (2) Introductory Courses in Gerontology George Peters and Edith Stunkel, Kansas St. Univ. (3) Resource Fair
11:25 - 11:55 a.m. repeated 12:00 - 12:30 p.m.	(1) Health Issues in Aging Jim Thorson, Univ. of Nebraska, Omaha (2) Education, Programs for Older People Nick Knight, Univ. of Missouri, Rolla (3) Resource Fair
12:30 - 1:30 p.m.	Lunch together
1:30 - 3:30 p.m.	Opportunities, strategies, and tactics for moving into effective cooperative programming. Session facilitated by Hans Mauksch Break times included
3:30 - 4:00 p.m.	Wrap-up

NOTE: During the conference, Joyce Hartmann will lead brief exercise sessions with the dual purpose of energizing participants and demonstrating possible exercise regimes for various older audiences.

CONFERENCE ON BROKERING RURAL AGE
December 4 & 5, 1986

Cooperation Between University And Community College Faculty And Administrators

Opinionaire Number One

1. What are the most positive aspects about cooperation between community college faculty and university faculty?

2. What are the most difficult aspects about cooperation?

3. What obstacles to effective cooperation between university and community college faculty and administrators do you perceive?

4. What approaches do you consider most likely to produce mutual understanding and cooperation?

CONFERENCE ON BROKERING RURAL AGE
December 4 & 5, 1986

Choosing Gerontology Content

Opinionaire Number Two

1. When thinking of teaching gerontology to students in community colleges, what topics come to your mind? List five.

   1.

   2.

   3.

   4.

   5.

2. What are likely to be the significant areas of interest in gerontology which can be expected from students in a community college? List three.

   1.

   2.

   3.

3. What might be areas of difficulty or resistance to gerontology among community college students?

CONFERENCE ON BROKERING RURAL AGE
December 4 & 5, 1986

Next Steps

Opinionaire Number Three

1. At this point in the project, what are the activities which you consider as the most important next steps? Develop them in some detail.

1.

2.

3.

2. What should be done to enhance the chance of success for this project that has not been done thus far?

1.

2.

3.

3. What problems and obstacles do you foresee in implementing this project?

1.

2.

3.

4. What do you consider the most valuable possible outcome of this project?

Brokering Rural AGE Launching Conference December 4-5, 1986
Evaluation

A conference like this is a logical way to begin cooperative projects like "Brokering Rural AGE." As we plan for the next conference in April, we would like to know the strong and weak points of this launching conference. Therefore, please be candid in answering the following questions.

I. Identifying information

A. Your college or Gerontological Team affiliation _____

_____

B. What has been your previous experience with gerontological education? (check as many as apply.)

12 have taught courses on aging
5 have taught courses for the aging
12 have provided other direct services (e.g. nursing, social work) to the aging
14 have had administrative responsibilities for programs for the aging
8 have had administrative responsibilities for programs for the professional preparation of specialists in aging
3 have had no direct professional experience (as teacher or administrator) with aging people or those preparing to specialize in services to the aging.

II. The conference attempted to accomplish several objectives, the most important of which can be inferred from the following list. To what degree did you feel personally satisfied that a given objective was achieved? Please check the appropriate column.

	very dissatisfied	somewhat dissatisfied	in between	quite satisfied	very satisfied
1. Building identification and respect for colleagues who share your concern about gerontological education. . .	2	1	1	10	14
2. Gaining an understanding of the model of expertise transfer on which the project is based	0	3	3	12	5
3. Obtaining exposure to a variety of basic and multidisciplinary gerontological concepts, content, and resources	2	0	5	8	12
4. Developing action plans and timetables for implementing promised project activities .	1	1	5	14	5
5. Developing relationships among participants which can lead to regular and continued communication throughout the project term	2	1	1	13	11

Comments? _____

_____

III. Please evaluate the effectiveness of the various sessions in meeting the above objectives.

	extremely effective	effective	not very effective	did not attend
1. Sessions facilitated by Hans Mauksch:				
a. Thursday morning	16	10	1	0
b. Thursday afternoon	15	11	1	0
c. Friday afternoon	9	2	0	2
2. WKCSC consultnnt participation:				
a. Panel Thursday noon	11	12	4	1
b. Work with State Teams Friday morning	12	12	0	0
3. Community College Team Presentations (Thurs p.m.)	7	12	4	0
4. Resource Fair	11	12	0	0
5. State Plan Meetings (Fri a.m.)	16	9	0	0
6. State Plan Reports (Fri a.m.)	7	10	3	0
7. Workshops				
a. Myths and Realities	1	3	0	2
b. Introductury Courses	5	2	0	1
c. Health Issues	1	1	0	2
d. Programs for Older People	1	5	0	2

IV. Suggestions: Please use the space below to reach to specific aspects of the conference which you though were especially strong or especially weak. We plan to use your comments in this section to evaluate (1) other conference features (e.g., organization of agenda, length of conference, provision for interaction, etc.); (2) arrangements and logistics of the conference (e.g., correspondence and materials sent prior to conference, housing, meals and breaks); and (3) individual presentations not covered above.

Thank you!

Please leave the completed form in the evaluation box

Brokering Rural AGE
Launching Conference
Dec 4-5

COMMENTS

Very well planned. Flexibility and empathy for groups concerns were outstanding. Maybe wish there was more time for content (concurrent sessions). I overheard many good comments about the conference.

Terrific Hans, Edith, and George.

I felt that we (Iowa) already have a lot of the basics in place for this project so some of the preliminary info given was not appropriate and worthy of our time as we were past this point.

This was not a waste of time--many are.

Appreciated the absence of emphasis on credentials, the recognition of the potential of each attending participant!

If nothing else was achieved by this conference. I feel that the fellowship of fellow colleges was so positive. Many new ideas and helpful information was received.

This conference was very helpful with excellent information and good people interactive and linkages. The first day seemed to get very long and so much sitting time.

The grant written by KSU was a marvelous gift to my college and advantageous to gerontology. Thank you for the opportunity. Jan McReynolds.

Wonderful contacts. Fantastic hospitality. Best accomodations I've ever experienced.

Softer chairs

Maybe needed more specific guidelines on tasks to be accomplished - some problems in sharing when teams had not met yet - but good that specific communication system has been identified.

SUGGESTIONS

1) Well organized agenda, a little long on Thursday-Interaction and small group sessions were excellent, lots of mixtures.
2) I needed more info on site (map) How about a continental breakfast next time when you start at 8? Or at least coffee.
3)General feeling about things
HAPPENING was good - what an important impact you are making.

I really don't care to spend a lot of time on introduction. It takes valuable time away from why I came to a conference in the first place. I realize that this is a staple for many conferences, but I don't believe it's an efficient use of time. It would be better to prepare a list of participants with brief biographies attached. Then you can get more from the conference in terms of time and monetary investment.
This confernce has been one of the most interesting and informative I have ever attended. I thought it started slow, but it finished up with me wanting more, wonderful job.

I felt you need, if this is ever done in the future, to be very specific that each team within each state have met before arrival here. Too much time was misused, because some state teams had done no organizational or groundwork before arriving here!
Also, please make agenda change notices as soon as possible to make travel plans for teams traveling great distances easier to arrange.

Make sure hotal has proper room rates for Conference participants. Better yet - have Conference Tuesday-Thursday.
Thanks for moving all sessions up and ending at noon!

Length of conference - going to 6:30 is bit too late for one's traveling from far. Also gives no time to see your city.
Housing - excellent
Breaks - excellent
Please have Hans over and over - I feel in love with his comments - I wish I could have had him for a teacher.

Strengths - flexibility in Fri. schedule
Hans (excellent)
Wed. orientation sessions
ability for interaction throughout the conference
well organized agenda - focused sessions
conference planning was complete - good job
What a difference from the first conference we tried in Manhattan 3-4 years ago!

Days a little long and I felt my time was well spent. I learned.

Overall very helpful. Reinforcement of current efforts.
Organization well done.

1) Agenda was good and good provision for interaction. I felt the length of conference first day got very long.
2) Arrangement and logistics - good.
3) The speakers were excellent, but I feel the strongest point

was the group interaction, sharing problems and opportunites. What a fine group of people.

Everything was handled very well. A lot of information to be presented, but was scheduled appropriately. No one was talked "down to" no matterr how little they knew of the project. Excellent interaction between university and community college. No one wanting to appear the expert. Excellent suggestions for how to supplement the project.

Appreciated shortened agenda and exercise breaks.
Interaction opportunities excellent.
Conference arrangements were fine.

Meals were excellent and the pool was a nice area.
Needed time to play or shop; I'd rather have very intense sessions and more free time.
Hotel was excellent!
45 minutes to 1 hour is the maximum time for me to sit.
Use magic marker pens for the overhead trapsarencies. For a group of 50 people or more slides are the best way to present material.
Include a room reservation card with the regestration information. This could then be marked to the hotel.

The networking that took place
The exchange resources
Location was ideal for the schools involved.
Thursday session was too long - 4:30 is late enough when one has all day.
Need to start at the time printed on the schedule
While I seemed to work well as a consultant, I would like to have had preliminary direction.
Overall, I was well pleased with the conference.

Excellent

Good Conference

1) Felt that most of conference had already been documented in the curriculum provided to each team leader. Since this group was compsoed of largely Community Colleges I was surprized that University leaders didn't know the C.C. system better.
2) Preconference materials - professional flier needed better distribution and content upgraded to meet needs of attendance.
3) Registration - disorganized and to much time wasted.
*4) Would suggest resource fair presenters provide bibli. lists for the many references provided as I didn't have 2 hrs. to copy and reference against our library.
Other - Needed a quick history (documented on where this group got its start)
Reorganization of agenda so frequently and severely could have been elimenated with the proper evaulation and knowledge of conferencing.

Initail registration slow.
Hotel arrangements good.
Misunderstanding with in groups how billing would be done. Many

thought lodging had been paid for in advance.
Too much time spent in repeating sessions material by each group and introduction of teams first morning.
Too much time spent filling out opinion sheets.
Send master list of resources and resource people including names of those attending for reference.
Summary of whats accomplished, etc to all.
Names tages ready and what is "happening" have charge slips filled in - only need stamped.

Edith is very helpful.
George is very thoughtful and did an excellent job of stimulating discussion.
Joyce Hartman's exercises were marvelous!
Laura Meeks

If there is going to be a final conference or for next time if project repeated, I think it would be benifital to send a more specific agenda and state - "teams should have addressed 1 - assessment of current programs, 2 - etc.
Bring typed minutes to share - etc. as an example.
Appreciated hearing what Kansas had done and where they are at.
If changing adgenda let people know as soon as possible.
Disappointed that workshops were not repeated.

Organization was especially strong. Inadequate provision for one-to-one sharing. Press release for local papers - were thoughtout and planned in advance - is good P.R. for project and local institution.

Well organized meeting and most informative.

I am thrilled to see commmunity colleges preparing to meet the education needs of older people as well as helping professionals to understand better the needs and attitudes of their clients.
I'll give you my name and address since I am not at the college:
Ruth M. Lyon
1040 N. 11th
Independence, KS 67301 (316) 331-2464

It was well organized and productive. The information needed was presented in easily understood series of discussion and short lectures.

Conference had too much in one day. 8am to 6:30 pm is too long. Hans was wonderful, interesting, intriguing. More sharing of curriculum and syllabi. I would like to know what textbooks are used, topics for class lectures and specifics on what they talk about and do in their course. I have received many good ideas. Have workshops earlier. Last day was most beneficial and had to be shortened. I would have enjoyed viewing AV as a group -- discuss and get ideas.

One form

Seward Community College
~~Nebraska Western College~~
State Fair Community College

Two forms

Fort Scott Community College
Iowa Lakes Community College
Nebraska Western College

Three forms

Central Community College
Cloud ~~County~~ County Community College
Southwestern Community College

Four forms

Independence Community College

Miscellaneous

One form

Area Agency on Aging
Consultant
UMR
Iowa
No name

Two forms

Community College

ATTACHMENT 5

MEAN

11 respondents

March 9, 1987

MEMO

TO: All Brokering Rural AGE participants

FROM: Edith Stunkel

RE: MACA Pre-conference agenda

As you saw in the second quarter report to AoA, the 17 community college teams are quite diverse in their gerontological activities and courses. We therefore need your input to design the agenda for the project Pre-conference on April 21 in order to make it relevant to your current needs. Please take a few minutes now to complete this form and return it no later than March 16. (Use rating scale: 1=very important/relevant/highly preferred; 5=unimportant/irrelevant/not desired)

Agenda possibility	rating
1. State team meetings	(1.7)
2. Half-hour workshops on specific gerontological topics (preferred topics:_____)	3.1
3. Hour-long workshops on specific gerontological topics (preferred topics:_____)	2.4
4. Time to preview videotapes which were available at first conference	2.4
5. Sharing results to date with all participants	(1.5)
6. Sessions facilitated by Hans Mauksch (recommended topics:_____)	2.45
7. Sessions with WKCSC consultants (recommended topics: _____)	2.55
8. Resource Fair of print materials	2.36
9. Preview of MACA conference	2.55
10. Team strategies for making best use of MACA conference	2

rating
(1=high; 5=low)

11. Discussion sessions on:

a. Articulation issues ____

b. Marketing ____

c. Future funding ____

d. Course syllabi/development ____

e. Other: (please suggest topics)_____ ____

_____ ____

_____ ____

12. Presentations by project participants (suggestions:____ ____

_____

_____

Potential agenda formats	rating	Median
13. Begin at 9:00 a.m. on April 21 5 1 5 5 1 1 5 1	____	1
14. Begin at 11:00 a.m. on April 21 3 2 5 3 1 2 2 3 1 5	⇒ ____	2.5
15. Begin at 1:00 p.m. on April 21 1 3 1 1 3 5 5 2 5	____	3
16. Include evening sessions on April 21 4 5 2 5 3 4 5 5 1 3 1	X ____	4
17. Have tight, formal agenda 4 3 1 5 3 5 5 3 1 3 1	____	3
18. Have flexible, informal agenda 2 2 1 1 4 1 3 5 3 5	____	2.5
19. Include a group meal 4 1 1 1 4 2 1 1 3 3 1	____	1
20. Other: Please specify _____	____	

_____

_____

_____

Comments?

Please return to the KSU Center for Aging, Fairchild Hall, Manhattan, KS 66506 no later than March 16. Thanks!

Brokering Rural AGE Conference Agenda

April 21, 1987, Red Lion Inn, Omaha, NE

Tuesday, April 21, 1987

11:30 a.m. Lewis & Clark Room	Welcome and overview
11:45 a.m. - 1:00 p.m. Lewis & Clark Rooms Kansas Room Wyoming Room	State Group Meetings — focus on introductory gerontology courses: barriers and opportunities, including audiences, marketing, articulation, etc.
1:00 - 2:00 p.m. Winnebago Room	Lunch
2:00 - 2:30 p.m. Lewis & Clark Room	Reports from State Groups and whole group sharing/problem-solving
2:30 - 4:00 p.m. same as am rooms	State Group Meetings — focus on other promised project outcomes (team support and development, additional courses or curricula, catalog copy, interinstitutional communication, resource acquisition and sharing, and evaluation)
4:00 - 4:15 p.m.	Break
4:15 - 5:00 p.m. Lewis & Clark Room	Whole group sharing/reports
5:00 - 5:45 p.m. Capital Dodge Room	Regional and national opportunities: George Peters: AGHE Task Force Linda Redford: Gerontological Education in Health Professions Marcia Neu: MACA
5:45 - 6:00 p.m. Capital Dodge Room	Wrap-up
6:00 - 7:30 p.m. Capital Dodge Room	Hospitality hour and a half

Brokering Rural AGE Mid-project Conference, April 21, 1987
Evaluation

Those attending this conference have been involved in cooperative processes to improve gerontology programs in selected community colleges in Iowa, Kansas, Nebraska, and Missouri. Please use this occasion to provide some evaluations of those experiences as well as a reaction to the substantive content of this conference. We are more interested in an objective, realistic appraisal than in "socially correct appreciation."

I. Identifying Information: Your state 5 Iowa 7 Kansas 4 Nebraska 4 Missouri

Your college or Gerontogical Team affiliation _____

How have you been involved with gerontology education? (check one or more)
6 have taught courses on aging
3 have taught courses for the aging
2 have provided other direct services (e.g. social work) to the aging
10 have administrative responsibilities for gerontology education
10 have had administrative responsibilities for programs for the aging
4 other _____

II. This April 21 meeting attempted to accomplish several objectives. To what degree did you feel personally satisfied that the following objectives were acheived? Please check the appropriate column.

	Very dissatisfied	Somewhat dissatisfied	In between	Quite satisfied	Very satisfied
1. Developed identification with and respect for colleagues who share concern about gerontology education.	___	___	2	10	6
2. Improved communication channels and ties between university and college representatives	___	___	1	10	7
3. Shared progress and resources among community college colleagues	___	1	1	6	11
4. Identified ways to counter barriers in developing gerontology courses	___	1	7	7	4
5. Shared plans to develop and implement second gerontology course	___	1	10	3	5
6. Finalized state action plans, timetables	1	___	4	11	2
7. Gained an understanding of gerontology resources available through professional organization	1	1	3	8	6

(OVER)

Comments: _____

_____

_____

_____

III. What were your reactions to the state group meetings? Please check the appropriate column.

	Poor	Needed Improvement	In Between	Good	Excellent
1. Focused on problems and barriers we have experienced	___	___	2	12	5
2. Gained ideas/hints to try back home	___	___	3	5	11
3. Developed links with colleagues facing similar issues	___	___	1	9	9
4. Overall helpfulness in building a gerontology program at my college	___	___	2	8	8

IV. What did you need from this conference that you didn't get?

_____

_____

_____

_____

V. Do you plan to attend at least one day of MACA following this conference?

18 Yes 2 No _____ Undecided

THANK YOU !!! Please leave the completed form with a project staff person.

Comments:

I feel like Iowa is way ahead of the other states in Gerontological Services available. So some of the time spent was backtracking for us. More "state" time would have been beneficial so we could move ahead. We already have network in place among all community college Health Coor. that meets monthly. Also, our courses are all state approved and consistent from one com. college to another.

Iowa seems to be ahead of some of the other states in regards to things they have been doing in the area of gerontology education.

I found this conference to be most informative, educational, and inspirational. The willingness of the members to share ideas on how to improve the gerontology programs at the community college level was very inspirational.

I feel Iowa is far ahead of many of the other states. I also feel the Community Colleges have expertise that remains untapped by the four year colleges.

The Brokering Rural AGE meeting was very informative.

Gained lots of new ideas for promoting Gerontology.

Looking forward to viewing the resource manual Linda Redford discussed.

Very well designed, prepared, thought-out, and effective packets.

I have name and address of 2 different key people who have developed the type of courses I plan to offer. I plan to contact them immediately.

This has been an extremely beneficial and educational experience.

IV. What did you need from this conference that you didn't get?

Would like to hear some idea ahead of me.(Iowa)

Criteria Evaluation of Programs and who would be the final group to do the evaluating.

Additional modules for teaching specific units in gerontology, similar to these single copies distributed at St. Joseph, MO in December.

dessert

More time to consider how to help Community College continue after the grant is over: i.e. could we get Kellogg to continue it in Iowa, Kansas, Nebraska as is planned in Missouri.

ATTACHMENT 6

RESOURCES ACQUIRED BY COMMUNITY COLLEGES
THROUGH BROKERING RURAL AGE GRANT

IOWA COMMUNITY COLLEGES

Materials acquired by all Iowa Community Colleges:
- ISU Media Resources Catalog and Supplement
- Syllabi of ISU gerontology courses
- ISU Gerontology Newsletter
- Gerontological Education Modules from Western Kansas Community Services Consortium

Indian Hills Community College and
Southwestern Community College:
- Aging of North America — 16 mm movie

Iowa Lakes Community College:

books:
- Opportunities in Gerontology Careers. National Textbook Co.
- Biling, M.D. To Be Old and Sad: Understanding Depression in the Elderly. Lexington Books.
- Dunkel, Haug, Rosenberg. Communications Technology & the Elderly. Springer Publishing Co.
- Jarvik, Winograd, Stein. Treatments for the Alzheimer Patient. Springer Publishing Co.
- Moskowitz, Haug. Arthritis and the Elderly. Springer Publishing Co.
- Haug, Ford, Sheafor. The Physical and Meatal Health of Aged Women. Springer Publishing Co.
- Quinn, Tomita, Pepper. Elder Abuse and Neglect. Springer Publishing Co.
- Coward, Lee. The Elderly in Rural Society. Springer Publishing Co.
- Herr, Weakland, Birren. Counseling Elders & Their Families. Springer Publishing Co.
- Dreher. Communication Skills for Working with Elders. Springer Publishing Co.
- Botwinick. We Are Aging. Springer Publishing Co.

Iowa Valley Community College:
- Myths of Aging -- slide series

books:
- Handbook of the Biology of Aging
- Handbook of the Psychology of Aging
- Aging and the Social Sciences
- Handbook of Gerontological Services

KANSAS COMMUNITY COLLEGES:

Coffeyville Community College (see attached)
- Sign Language Videotapes: Beginning and Advanced
- Audio Cassette Tapes from 1987 Mid-America Congress on Aging Conference: complete set.

Books:
- Meyers. Aerobic Walking.
- Agle. Ageproofing.
- Davidson. Are You Sure Its Arthritis.

Grueton. Alzheimers: A Caregivers Guide.
McCulla. Complete Bicycle Fitness.
Yanker. Complete Book of Exercise Walking
Bennett. Control Your High Blood Pressure.
Cooper. Controlling Cholesterol.
Bruning. Coping with Chemotherapy.
Frederick. Eat Well, Get Well, Stay Well.
Nachtig. Estrogen
Seltqer (sic). Every Womens Guide to Breast Cancer
Melville. Fat Free Forever.
Peters. Indoor Bicycling Fitness Program.
Kashiva. Fitness Walking for Women.
Orenste. Food Allergies.
Lesser. Growing Younger.
Weil. Health and Healing
Halpern. Helping Your Aging Parents.
Aging.
Aging and Mental Health.
Aging — A Great Public Policy
Aging As A Spirited Journey
Aging Myths
Aging Myths
After Middle Age
Exercise as you Grow Older
Exercise for the Elderly
Bonnie Pruden — After 50 Fitness
Bathtub Exercises for Arthritis
Program for Living Longer
Successful Aging
Longevity
Longevity Lifestyle
Live Longer Live Better
Live Longer Now
How A Man Ages
Homecare for Elderly — Complete Guide
Growing Old (2 different books of same title)
Growing Old - Staying Young
Fitness over 40
Fitness After 50

Cowley County Community College:

<u>Video</u>
Try to See It Their Way
Aging

<u>Books:</u>
Kra Siegfried. Aging Myths
James Rachels. The End of Life
Donna Guthrie. Grandpa Doesn't Know It's Me
Georgia Barrow. Aging, the Individual and Society
Gari Lesnoff-Caravaglia. Values, Ethics and Aging
Gari Lesnoff-Caravaglia. The World of the Older Woman
Norma Upson. When Someone You Love is Dying

Fort Scott Community College:

I Know a Song - a film by Brenda King - 1/2 " video - 16 mm 24 min.

Independence Community College:

Videotapes:

Ageless America. Films for the Humanities, Inc.
Aging. Films for the Humanities, Inc.
Age Discrimination. Films for the Humanities, Inc.

MISSOURI COMMUNITIY COLLEGES:

Mineral Area College:

Course Outlines from University of Missouri
Bibliography lists and AV resources lists

books:

Markides, Mindel. Aging and Ethnicity, 1986.
Foner. Aging and Old Age: New Perspectives, 1986.
Heller. Aging and Social Expenditures in the Major Industrial Countries, 1980-2015, 1986.
Hendricks, Hendricks. Aging in Mass Society: Myths and Realities, 1986.
Kra. Aging Myths: Reversible Causes of Mind and Memory Loss, 1986.
Pifer, Bronte. Our Aging Society; Paradox and Promise, 1986.
Strassels, Mead. Strassels' Year-Round Tax Savers for Retirement, 1986.
Charness. Aging and Human Performance, 1985.
Cowgill. Aging Around the World: An Examination of Modernization and Aging, 1985.
Whitbourne. Aging Body, 1985.
Quadagno. Aging, The Individual and Society: Readings in Social Gerontology, 1985.
Versperi. City of Green Benches; Growing Old in a New Downtown, 1985.
Johnson. Elder Neglect and Abuse; An Annotated Bibliography, 1985.
Coward, Lee. The Elderly in Rural Society; Every Fourth Elder, 1985.
Osgood. Suicide in the Elderly, 1985.
Foner. Ages in Conflict: A Cross-Cultural Perspective on Inequality Between Old and Young, 1984.
Rich. The Aging, A guide to Public Policy, 1984.
Secunda. By Youth Possessed: The Denial of Aging in America, 1984.
Butler, Lewis. Aging and Mental Health, 1983.
Soled. The Essential Guide to Wills, Estates, Trusts, and Death Taxes.
National Center on Aging and Community Education. Curriculum on Aging for Pre-Schoolers.
University of Michigan. Gerontology: A Cross-National Core List.
University of Michigan. Images of Old Age in America.

Three Rivers Community College:

books:

Atchley. Aging, Continuity and Change, 1987
Social Forces and Aging: An Introduction to Social Gerontology, 4th ed., 1985.
Weeks. Aging: Concepts and Social Issues, 4th ed., 1984.
Belsky. The Psychology of Aging: Theory, Research, and Practice, 1984.
Woodruff. Aging, Scientific Perspectives and Social Issues, 2nd ed., 1983.

NEBRASKA COMMUNITY COLLEGES:

Materials acquired by all Nebraska Community Colleges:

Videotapes:

The Last Days of Living
My Mother - My Father
Peege
Aging
Aging - The Methuselah Syndrome
A Dignified Exit
Hello in There
The Pitch of Grief
Code Grey

Articles:

Thorson. Training para-professionals in the field of aging. Adult Leadership, 1973.
Thorson. Continuing education in death and dying. Adult Leadership, 1974.
Thorson. A media approach to pre-retirement education. Adult Leadership, 1976.
Horacek, Francke. Senior citizen celebration days: a university-based education program. Educational Gerontology, 1978.
Brody. Parent care as a normative family stress. The Gerontologist, 1985.
Callahan. Feeding the dying elderly. Generations, 1985.
Card, Beck, Jackson. Learning to do more than pass the time. Aging, 1986.
Covey. A reconceptualization of continuity theory: Some preliminary thoughts. The Gerontologist, 1981.
George. The institutionalized. A chapter in Handbook on the Aged in the United Staqtes, 1984.
Gerry, Payne. Victims of crime. A chapter in Handbook on the Aged in the United States, 1984.
Gold. When someone dies in the hospital. Aging, 1984.
Horacek. Death and dying. Unit 11 in the series Profiles of Aging, 1978.
Johnson. Memory — learning how it works. New York Times Magazine, 1987.
Lewis, Butler. Life review therapy: Putting memories to work.
Mirotznik, Ruskin. Interinstitutional relocation and the elderly. The Journal of Long-Term Care Administration, 1985.
Nelson. The meanings of old age for public policy. National Forum-Phi Kappa Phi Journal.
Osgood. Suicides. A chapter in Handbook on the Aged in the United States, 1984.
Palmore. Facts on aging - a short quiz. The Gerontologist, 1977.
Schulz. To old folks with love: Aged income maintenance in America. The Gerontologist, 1985.
Borup, Lintz, Van Orman. The effects of a long-term care community based program as an alternative to nursing home care. Paper presented at the 39th annual meetings of the Gerontological Society of America, 1986.
Chenoweth, Spencer. Dementia: The experience of family caregivers. The Gerontologist, 1986.
Janson, Ryder. Crime and the elderly: The relationship between risk and fear. The Gerontologist, 1983.
Keith, Hill, Goudy, Powers. Confidants and well-being: a note on male friendship in old age. The Gerontologist, 1984.
Krauskopf, Burnett. The elderly person: when protection becomes abuse.

Trial, 1983.
Liu, Manton. The characteristics and utilization pattern of an admission cohort of nursing home patients. The Gerontologist, 1984.
Meer. The reason of age. Psychology Today, 1986.
Scharlach. Role strain in mother-daughter relationships in later life. The Gerontologist, 1987.
Stein, Linn, Stein. Patients' anticipation of stress in nursing home care. The Gerontologist, 1985.
Stein, Linn, Stein. Patients' perceptions of nursing home stress related to quality of care. The Gerontologist, 1986.
Steinmetz. Elder abuse. Aging Magazine, 1981.
Tisdale. The first thing lost is today. Hippocrates, 1987.
Waxman, Carner. Physicians' recognition, diagnosis, and treatment of mental disorders in elderly medical patients. The Gerontologist, 1984.

ATTACHMENT 7

BROKERING RURAL AGE

Survey of Team Leaders of Participating Community Colleges
In Iowa, Kansas, Missouri, and Nebraska

Planning and Evaluation Services
Kansas State University

Instructions

The project has several objectives. Some of these can be assessed, at least in part, by your responses to the following questions. It is important that we obtain as complete and candid replies as is possible.

I. Your Position

Title_____ College_____

II. Developing a Gerontology Program

A. The Introductory Course.
A copy of the information you have already provided is enclosed. Please update it using red ink. If there are no changes, simply write "No changes" in red on the front page. Affix the update to this survey.

B. A copy of the information you supplied regarding other gerontology courses/curricula/programs is also attached. Please update this information either by adding new developments (use red ink) or by preparing an updated response on a new sheet of paper. We are especially interested in progress related to planning and/or conducting a second gerontology course.

C. List each professional development activity in which one or more Team members have participated since this project began or since your last report (i. e., conferences, workshops, short courses, academic courses, etc.)

Opportunity	Team Members Participating

(Use additional sheets if necessary)

D. Identify any of the opportunities described above which were:
(1) Especially valuable:_____

_____

(2) Of doubtful value:_____

_____

(Over, please)

III. Working Relationships

A. Describe the frequency of contact and the quality of the working relationship which exists between your Team and (1) the University gerontology center in your state and (2) the aging services network.

	Frequency				
Group/Individuals	Less than 1 per term	1-2 per term	3-4 per term	5-6 per term	7+ term
1. Univ. Geront. Center	___	___	___	___	___
2. Aging Services Network	___	___	___	___	___

	Quality				
	Poor	Fair	Satis-factory	Good	Excel-lent
1. Univ. Geront. Center	___	___	___	___	___
2. Aging Services Network	___	___	___	___	___

B. Compare the frequency of contact this past year between your Team and University gerontology centers with the contacts you had in the year preceding the "Brokering" project. Do the same for the Aging Services Network.

(1) Univ. Geront. Ctr: __Much More __More __Slightly More __About the Same __Less

(2) Aging Svcs Network: __Much More __More __Slightly More __About the Same __Less

C. Compare the quality of the relationship your Team currently has with the University gerontology center with the relationship which existed in the year preceding the "Brokering" project. Do the same for your Center's relationship with the Aging Services Network.

(1) Univ. Geront. Ctr: __Much Improved __Im-proved __Slightly Better __About the Same __Worse

(2) Aging Svcs Network: __Much Improved __Im-proved __Slightly Better __About the Same __Worse

IV. Interaction with colleagues at other participating colleges

Compare recent colleague interactions with those prior to the project.

A. Have you become better acquainted with those on other campuses who share your concern for gerontological education?
__Definitely __Somewhat __No real change

B. During the past year, have you consulted with colleagues on other campuses about gerontology course/curriculum development?
__At least 5 times __3-4 times __1-2 times __Not at all

C. Have you collaborated with colleagues (on conference/workshop programs or other professional activities) more than in the past?
__Definitely __Somewhat __No real change.

Thank you for your assistance. Feel free to make additional comments on a separate page. Return the completed form no later than August 10 to: Edith Stunkel, KSU Center for Aging, Fairchild Hall, Manhattan, Kansas 66506.

BROKERING RURAL AGE

Survey of Directors of University Gerontologic Centers
In Iowa, Kansas, Missouri, and Nebraska

Planning and Evaluation Services
Kansas State University

Instructions

The project has several objectives. Some of these can be assessed, at least in part, by your responses to the following questions. It is important that we obtain as complete and candid replies as is possible.

I. Your Position

Title_____ University_____

II. The State Plan

A. Please affix a copy of the State Plan to this report. (If you have sent one to us, a copy is enclosed for updating.)

B. Please identify the collaborators who prepared the State Plan, by name and institution/affiliation.

1._____

2._____

3._____

4._____

5._____

(Use additional sheets, as necessary).

C. Please indicate, by page number, where the following information may be found on your State Plan.

1. The timelines for implementing an Introduction to Gerontology course at each participating community college in your state.
Pages_____.
2. Descriptions of how gerontological sources are to be identified, selected, obtained, housed and shared by all participating community colleges.
Pages_____.
3. Description of gerontological resources available through (a) the University gerontology program and (b) the aging service network.
(a) Pages_____. (b) Pages_____.
4. Timelines of activities and contacts between the University gerontology program and each community college (e. g., site visits, teleconferences, consultations, etc.)
Pages_____.

(Over, please)

5. Statewide and regional gerontological conference opportunities are identified and a determination is made as to which conferences Team members will attend to facility professional development.
   Pages_____.
6. Plans are described for evaluation and self-assessment of the project at the state level and at each community college.
   Pages_____.

III. **Working Relationships**

A. Describe the frequency of contact and the quality of the working relationship which exists between your Center and (1) the participating community colleges in your state and (2) the aging services network.

	Frequency				
Group/Individuals	Less than 1 per term	1-2 per term	3-4 per term	5-6 per term	7+ term
1. Partic. Comm. Colls.	___	___	___	___	___
2. Aging Services Network	___	___	___	___	___

	Quality				
	Poor	Fair	Satis-factory	Good	Excel-lent
1. Partic. Comm. Colls.	___	___	___	___	___
2. Aging Services Network	___	___	___	___	___

B. Compare the frequency of contact this past year between your Center and participating community colleges with the contacts you had in the year preceding the "Brokering" project. Do the same for the Aging Services Network.

(1) Community Colleges: __Much More __More __Slightly More __About the Same __Less

(2) Aging Svcs Network: __Much More __More __Slightly More __About the Same __Less

C. Compare the quality of the relationship your Center currently has with participating community colleges with the relationship which existed in the year preceding the "Brokering" project. Do the same for your Center's relationship with the Aging Services Network.

(1) Community Colleges: __Much Improved __Improved __Slightly Better __About the Same __Worse

(2) Aging Svcs Network: __Much Improved __Improved __Slightly Better __About the Same __Worse

(Next Page Please)

IV. Appraisal of Gerontology Courses Developed by Participating Community Colleges.

A course syllabus is enclosed for each gerontology course developed by each of the participating community colleges in your state. Each course has been given an identifying letter (A, B, C, etc.) On the basis of these syllabi, please answer the following questions:

Course A

A. Does your University offer a similar course? __Yes __No (skip the remaining questions).

B. If "Yes", are the course objectives comparable to those for the similar course on your campus?
__Yes __Mostly __Partially __Not at all

C. Is the content similar (as judged by the course outline and readings)?
__Yes __Mostly __Partially __Not at all

D. Are course expectations similar, as best these can be judged by readings and other assignments?
__Yes __Mostly __Partially __Not at all

E. Would your University accept transfer credit for this course?
__Yes, it could be substituted for the similar course we offer.
__Yes, it could be substituted for the similar course we offer if certain conditions were met.
__Transfer credit would be allowed, but the course could not be substituted for the similar course we offer.
__Transfer credit might be allowed (depending on the transfer student's curriculum), but the course could not be substituted for the similar course on our campus.
__Transfer credit would probably not be allowed.

Answer the same questions for Course B and Course C (if more than one course was developed).

Course B	Course C
A. __Yes __No (skip remaining questions)	__Yes __No (skip other questions)
B. __Yes __Mostly __Partially __Not at all	__Yes __Mostly __Partly __Not at all
C. __Yes __Mostly __Partially __Not at all	__Yes __Mostly __Partly __Not at all
D. __Yes __Mostly __Partially __Not at all	__Yes __Mostly __Partly __Not at all
E. __Yes, substituted	__Yes, substituted
__Substituted conditionally	__Substituted conditionally
__Credit; no substitution	__Credit; no substitution
__Possibly credit; no substit.	__Possibly credit; no substit.
__Probably no credit	__Probably no credit

Thank you for your assistance. Feel free to make additional comments on the back of this page. Return the completed form no later than August 10 to:
Edith Stunkel, KSU Center for Aging, Fairchild Hall, Manhattan, Ks. 66506

ATTACHMENT 8

BROKERING RURAL AGE: PARTICIPANTS' PERCEPTIONS OF OUTCOMES

Donald P. Hoyt
Planning and Evaluation Services, Kansas State University

In December, 1987, local coordinators of the junior/community colleges participating in the BROKERING RURAL AGE project were asked to provide brief descriptions of progress which occurred in their gerontology programs during the period of the grant. They were also asked to indicate some of their plans for the future. Fourteen of the seventeen participants complied with this request in time to be included in the present summary.

Brief notations were made of the specific types of progress identified by each coordinator. These were reviewed to determine common themes. A total of five such themes emerged:

Theme I. Professional and Collegial Development

Five of the seventeen colleges made explicit acknowledgement of growth in this area. Illustrative of these comments are those from Southwest Iowa Community College (". . . I felt intimidated by gerontologists in large state universities (but) I was all wrong; we were associated with wonderful people who were eager to help. . .we developed friendships with our state universities that didn't exist before. . .") and Nebraska Western College (". . . We all had an opportunity to share great ideas, priceless experiences, and grow from each other's contributions to the group. . .")

Theme II. Provision of Enriched Resources

Eight respondents made explicit mention of the contribution the project made to the acquisition of resources needed to support their gerontology programs. Typical of these observations were those from Iowa Lakes Community College (". . . First and foremost, we have not only increased our personal gerontological resource materials, but we have a much better understanding of what is available and where to go for specific regional information. . .") and from Cowley County (Ks) Community College (". . . We were also able to update our support materials on the aging by purchasing two films and a number of books. . .")

Theme III. Expanded Services and Educational Opportunities

Nine respondents identified specific courses, curricular, or services which were added through the assistance and stimulus of the BROKERING project. Examples include Iowa Valley Continuing Education and Marshalltown Community College (". . . In addition to the formal course, 'Aging in American Society', seminars and programs offered during the project have been:

Dental Health Care for the Elderly, Calming Aggressive Reactions in the Elderly, Taking Care of Your Teeth, Assistive Listening Devices, Hospice Volunteer Training Sessions, Elderly Abuse, Older Adults Under the Influence, Alzheimer's Disease, Women and Aging, and Geriatric Suicide. . ." and State Fair (Mo.) Community College (". . . Since the inception of the project, the college has added a 3-credit class in Social Gerontology, a short course on caring for the elderly at home, and increased programming at the senior centers in cooperation with the University of Missouri. . .")

Theme IV. Increased Visibility and Acceptance

Progress associated with this theme were identified by five of the fourteen respondents. Illustrative are comments from Coffeyville (Ks.) Community College (". . . Before 'BROKERING' we had no courses in aging; in fact, the campus administrator could not see how this new program could benefit the college in any way. [Now we have] a supportive advisory council and. . .a cross section of the community is involved in implementing a new program. . .The campus administrator and the dean of instruction have spent lots of hours planning the Gerontology Program. . .") and Mineral Area College (Mo) (". . . The 15 items listed above don't do justice to what happened as a direct result of BROKERING RURAL AGE. There is an excitement here on the campus with faculty and administration that finally a large segment of our support as well as our service population are being included in lots of ways that we never did before. We are no planning with confidence. . .")

Theme V. Improved Planning Through Needs Assessment

Four coordinators made special mention of activities related to this theme. Typical are comments from Independence (Ks.) Community College (". . .Surveys have been conducted to establish the educational needs of those who are aging and of the institutions who are serving them. . .We are increasing in our sensitivity to the needs of the aging and moving into a position of being considered an integral part of serving our community's needs.") and Three Rivers (Mo.) Community College (". . . [To develop a course and plan our program] three visitations were made to a local retirement center. . . input was obtained from the residents to guide our planning. . .").

In addition to these descriptions of accomplishments, several of the respondents indicated their plans for the future. Five types of plans were identified:

1. Developing, expanding courses or curricula.
   All but one of the respondents indicated their intention to develop additional courses and/or to infuse gerontological education into additional curricula.

2. Providing in-service training for targeted groups.
   Two colleges identified plans to offer additional in-service training to nursing home personnel.

3. Expanding services to the elderly.
   Four college expected to offer additional services to the elderly, including the development of a resource center for the aging and the development of an adult day care center.

4. Extending services outside the immediate area.
   One college plans to offer its gerontology course through two outreach centers sponsored by the college.

5. Installing vigorous leadership for the gerontology program.
   One college indicated their need and intention to appoint a strong leader for the gerontology program; three others plan to continue and expand their methods for involving a broad spectrum of the campus community in program development and direction.

CONCLUSION

Although generalization cannot be made legitimately about the magnitude and success of various efforts and plans from an open-ended survey, it is clear that all 14 coordinators who responded have positive attitudes about their participation in the program. No doubt many examples of progress and service were omitted because the request for feedback gave no clues as to what should be included. Still, each respondent provided specific examples of improvements and expressed enthusiasm for their development, optimism about the future, and appreciation for the assistance of the cooperating universities and, especially, for Kansas State University's Center for Aging. From this review of narrative materials, one is left with the impression that the project was viewed very favorably by its participants.

ATTACHMENT 9

Final Report Survey — Community Colleges

1. Gerontological curriculum needs assessment:

   a. Did you do any kind of gerontology curriculum needs assessment?
   ____ yes ____ no

   b. If yes, what did you do? (Please be specific)

   c. If no, why did you choose not to conduct a curriculum needs assessment?

   d. Please send us anything you have in writing pertaining to your gerontological curriculum needs assessment.

2. How many times have you offered your introductory gerontology course? ___

	Title	Instructor	Date offered	# enrolled
a.				
b.				
c.				

3. What additional gerontology courses have you developed and offered?

	Title	Instructor	Date offered	# enr.	not offered yet
a.					
b.					
c.					

4. Have you requested that any of the above courses articulate with universities? ____ yes ____ no
If yes, please provide:

Title	University(ies) submitted to	Result

For those courses that are not being articulated, please explain the reasons you aren't requesting articulation.

5. Inter-community college networking:

a. Have you and your team members become better acquainted with those at other community colleges who share your gerontological interests? ____ ____ yes; ____ no

Comments:

b. Have you or your team members consulted at least once with colleagues at other community colleges about gerontological curriculum development? ___ yes; ___ no

Comments:

c. Have you or your team members collaborated more frequently with colleagues at other community colleges than in the past? ___ yes; ___ no

Comments:

6. Interagency networking:

a. Have you or your team members increased your contacts with representatives of aging services during this project? ____ yes; ____ no

Comments:

b. Have you or your team members increased your contacts with university colleagues during this project? ____ yes; ____ no

Comments:

7. Do you have a gerontology section in your college catalog? ___ yes; ___ no
If yes, please send us a copy of pertinent pages.

8. Attached is a list of resources we are aware you have obtained through the grant. Please add any items you acquired from grant funds which are not listed.

9. Is there anything else you want to say?

Please return to KSU Center for Aging, Fairchild Hall, Manhattan, KS 66506 by 4-15-88

THANK YOU!